



PUBLIC LAW 94-437 STUDENT HANDBOOK

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INTRODUCTION



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

INTRODUCTION

Congratulations, on being selected to receive an Indian Health Service (IHS) Scholarship.

I. PURPOSE OF THE SCHOLARSHIP

In the Indian Health Care Improvement Act (hereinafter “the Act”), Public Law 94-437, the Congress and the President of the United States established a national goal “to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level.”

In order to accomplish this goal, the Act and subsequent amendments of 1980, 1988, 1992 and 1996 authorize the Indian Health Service (IHS) to conduct three interrelated scholarship programs to train the health professional personnel necessary to staff IHS health programs and other health programs serving the Indian people. These scholarship programs are the:

- **HEALTH PROFESSIONALS PREPARATORY SCHOLARSHIP – *Section 103 (b)(1)***
- **HEALTH PROFESSIONS PRE-GRADUATE SCHOLARSHIP – *Section 103 (b)(2)***
- **HEALTH PROFESSIONS SCHOLARSHIP – *Section 104***

II. USE OF THE STUDENT HANDBOOK

This Student Handbook is intended for use by recipients of all three IHS Scholarship Programs (IHSSP). It is designed to enhance your knowledge and understanding of the reporting requirements you must fulfill to continue scholarship support. Used properly, this handbook curtails time-consuming correspondence or costly telephone calls. It gives you immediate access to information for situations not previously encountered. It contains all the necessary forms you may need and also contains the names and addresses of IHS personnel whom you may contact if problems arise.

IT IS YOUR RESPONSIBILITY to uphold your status as a recipient with the guidelines explained in the following pages. These requirements include progress reports of your academic standing, course load and curriculum. Following graduation you must complete an application for placement to satisfy your payback obligation if you are a recipient of a Health Professions Scholarship.

III. TERMS AND CONDITIONS OF SCHOLARSHIP

A. HEALTH PROFESSIONS PREPARATORY AND PRE-GRADUATE EDUCATION SCHOLARSHIP PROGRAM *AGREEMENT.*

Applicant agrees to be enrolled, or accepted for enrollment, as a full-time or part-time student in an accredited institution pursuing:

INTRODUCTION

- 1) Preparatory education courses or curriculum necessary for enrollment in a health professions school or
- 2) Pre-graduate education leading to a baccalaureate in a health profession determined to be needed by the Indian Health Service.

B. INDIAN HEALTH SCHOLARSHIP PROGRAM *CONTRACT*:

Applicant agrees to be enrolled as a full or part-time student in an accredited educational institution:

- 1) Pursuing a course of study leading to a degree in an approved health profession,
- 2) Upon completion serve a period of obligated service by providing health services in the Indian Health Service

And will maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.

For a more detailed description of the Agreement and the Contract stipulation, please see copies of these forms in the following pages.

Questions of matters requiring clarification should be directed to your **IHS Area Scholarship Coordinators**.

Capt. Patricia Yee-Spencer
Acting Chief, Scholarship Branch
Indian Health Service

Bernard Covers Up
Scholarship Coordinator
Grants Management Branch
Indian Health Service

INTRODUCTION

PRIVACY ACT NOTICE

GENERAL

This information is provided to the Privacy Act of 1974 (Public Law 93-579), enacted December 31, 1974, for individuals supplying information for inclusion in a system of records.

AUTHORITY

Sections 103 and 104 of the Indian Health Care Improvement Act (Public Law 94-437), as amended by the Indian Health Care Amendments of 1980 (Public Law 96-537) and 1988 (Public Law 102-573), and 1996 (Public Law 104-313).

PURPOSES AND USES

The purpose of the Indian Health Service Scholarship Program is to obtain health professionals to meet the staffing needs of the Indian Health Service in health manpower shortage areas. The information you supply will be used to evaluate your continued eligibility for participation in the Program. A selectee's reports and related data are made part of the file to be used within the Department of Health and Human Services for record-keeping and participation management while the recipient participates in the Program. The information may also be disclosed outside the Department as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office, and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending, and the date of graduation, may be made available to health professions associations and to groups who have responsibility for coordination of funds paid to students from Federal and other sources, and to individuals and organizations deemed qualified by the Secretary to carry out specific research solely for the purpose of carrying out such research. You are asked to provide your Social Security Number on a voluntary basis. Should you not provide this information, the Program may not be able to determine your continued eligibility for purposes of payroll and payments to you of Scholarship benefits.

EFFECTS OF NONDISCLOSURE

Disclosure of the information sought is voluntary; however, if not submitted, except for the Social Security Number, the continued eligibility of the recipient cannot be determined and therefore the recipient will not continue to receive Scholarship Benefits.

INTRODUCTION

*SAMPLES OF IHS SCHOLARSHIP
AGREEMENT/CONTRACT FORMS*

**HEALTH PROFESSIONS PREPARATORY AND PREGRADUATE
EDUCATION SCHOLARSHIP PROGRAM AGREEMENT
SCHOOL YEAR 2002 - 2003**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

Section 103 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Health Professions Preparatory and Pregraduate Education Scholarship Program for Indians ("Scholarship Program") with scholarship awards. The statute is codified at 25 U.S.C. 1613 and the implementing regulations are codified at 42 CFR, Part 36, Subpart J, Subdivision J-3. In return for awards, applicants must indicate an intent to serve Indians as health care professionals in the discipline or specialty for which the award is given upon completion of their health care professional education.

Program policy requires applicants to submit with their applications a signed Agreement which states the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those Agreements submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2002-2003 school year are set forth below.

Section A -- Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program of the Indian Health Service ("IHS"), the Secretary agrees to provide the undersigned applicant ("applicant") with a scholarship award for the school year 2002-2003 during which the applicant must be:

1. enrolled, or is accepted for enrollment, as a full-time or part-time student in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and
2. pursuing a preparatory education course or curriculum necessary for enrollment or reenrollment in a health professions school, or
3. pursuing pregraduate education leading to a baccalaureate degree in premedicine, prenursing, predentistry, prepharmacy, prephysical therapy, or other health profession which has been determined to be needed by the Indian Health Service for participation in the Scholarship Program.

The Scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the academic period covered by the award beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.

Section B -- Obligations of the Applicant

The applicant agrees:

1. to accept the scholarship award provided to the Secretary under Section(A) of this Agreement for the school year 2002-2003;
2. to maintain full-time or part-time enrollment until completion of the course of study for which the scholarship award is provided;
3. to maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided; and

4. that it is his/her intent to provide services to Indians, as a full-time practitioner of the profession for which the education scholarship is awarded, upon completion of the necessary education and training, and that it is his/her intent that these services will be provided in the Indian Health Service, an urban Indian organization assisted under 42 CFR, Part 36, Subdivision J-6 or in a health professional shortage area designated under Section 332 of the Public Health Service Act which address the health care needs of a substantial number of Indians as determined by the Secretary in accordance with guidelines of the Indian Health Service

Section C -- Breach of Agreement

If the applicant:

Withdraws from the educational program for any reason, or fails to maintain an acceptable level of academic standing in the education program for which the scholarship award is provided, the scholarship award will be terminated and to be reinstated, the applicant will have to apply and compete as a new applicant during the regular application cycle.

Section D -- Extension of Scholarship Award

1. The applicant may annually request extension of this scholarship award, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Indian Health Service Scholarship Program, the Secretary shall approve the request for an extension if:
 - a. The request does not extend the total period of scholarship award beyond two (2) years for a preparatory education award or beyond four (4) years for a pregraduate baccalaureate degree award, and
 - b. The applicant is otherwise eligible for continued participation in the Health Professions Preparatory and Pregraduate Education Scholarship Program.

The Secretary or his/her authorized representative must sign this contract before it becomes effective.

Applicant Name (Please Print)	Applicant's Signature	Date
Secretary of Health and Human Services		Date

INDIAN HEALTH SCHOLARSHIP PROGRAM CONTRACT
SCHOOL YEAR 2002-2003
HEALTH PROFESSIONS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

Section 104 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Indian Health Service Scholarship Program ("Scholarship Program") with scholarship awards as established under Section 338A. In return for awards, applicants must agree to provide health services in a manner determined by the Secretary for a period of obligated service equal to one year for each year of scholarship award received, or two years, whichever is greater. Section 338A requires applicants to submit with their applications a signed contract stating the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those contracts submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2002-2003 school year are set forth below.

Section A -- Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the Indian Health Service ("IHS"), the Secretary agrees to:

1. Provide the undersigned applicant ("applicant") with a scholarship award for the school year 2002-2003 during which the applicant:
 - a. is enrolled, or is accepted for enrollment in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and
 - b. is pursuing a course of study leading to a degree in medicine, osteopathy, dentistry, or other health profession which has been approved by the Secretary for participation in the Scholarship Program.The scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the 12-month period beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.
2. Utilize the applicant to provide health services in accordance with Section B(4) of this contract.
3. Defer performance of an applicant's period of obligated service if the applicant: (1) receives a degree from a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry or pharmacy, and (2) requests a deferment of this period to complete internship, residency or other advanced clinical training. The period of deferment may not exceed: (1) three years for applicants receiving a degree from schools of medicine, osteopathy or dentistry, or (2) one year for applicants receiving a degree from schools of veterinary medicine, optometry, podiatry or pharmacy. The Secretary may, however, extend this period of deferment if the Secretary determines that the extension is consistent with the needs of the IHS.
4. Release the Applicant from all or part of his or her service obligation to enter into the full-time private practice of the applicant's health profession where the provisions of Section 338C of the Public Health Service Act, 42 U.S.C. 254n and applicable IHS policies are met. The release is applicable to service obligations incurred under either or both the: (1) Public Health and Indian Health Scholarship Training Program (Section 225 of the Public Health Service Act as in effect on September 30, 1977), and (2) the Indian Health Scholarship Program (Section 751 of the Public Health Service Act as in effect on August 12, 1981, prior to its amendment and redesignation as Section 338A of the Public Health Service Act.).

Section B -- Obligations of the Applicant

The applicant agrees to:

1. Accept the scholarship award provided by the Secretary under Section A(1) of this contract for the school year 2002-2003.
2. Maintain full-time or part-time enrollment as determined by the Secretary until completion of the course of study for which the scholarship award is provided.
3. Maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.
4. Serve his or her period of obligated service by providing health services, as determined by the Secretary, in the Indian Health Service:
 - a. In the full-time practice of his or her health profession as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, a civilian employee of the United States, or an individual who is not an employee of the United States, providing service in the Indian Health Service, in a program conducted under a contract entered under the Indian Self Determination Act, in a program assisted under Title V of the Indian Health Care Improvement Act, such practice is situated in a physician or other health professional shortage area, designated under Section 332, and addresses the health care needs of a substantial number of Indians; except that scholarship recipients may at their election serve in one of the above programs that is located on the reservation of the tribe in which the recipient is enrolled; or serves the tribe in which the recipient is enrolled; or
 - b. In the full-time private clinical practice of his or her health profession under a Private Practice option agreement (Section 338C of the Act) in a Health Manpower Shortage Area for which designation under Section 332 of the Act has been validated by the Secretary with the applicant's understanding that the full-time private clinical practice option is subject to IHS primary responsibility to fill vacancies within IHS and, in particular, IHS priority sites. Only after IHS vacancies are filled will the applicant receive consideration for the other placement options.
5. Serve one year of obligated service for each year the scholarship award is provided, or two years, whichever is greater.
6. Apply for and undertake placement in accord with established placement policies and procedures.
7. Comply with provisions of Title 42, Code of Federal Regulations.

8. The applicant accepts the right of the Director, IHS to make final decisions regarding assignment of scholarship recipients to fulfill their payback obligation.

Section C -- Breach of Scholarship Contract

If the applicant:

1. Fails to maintain an acceptable level of academic standing in the course of study for which the scholarship award is provided, or voluntarily terminates academic training, or is dismissed from the educational institution for disciplinary reasons, the applicant shall, instead of performing the service obligation incurred under this contract, repay to the United States all funds paid to the applicant and to the educational institution under this contract. Payment of this amount must be made within 3 years of the date the participant becomes liable to make payment under this paragraph. Obligor who fail to complete their academic training or course of study for which the scholarship is provided, for the reasons described herein, may not substitute another academic training or course of study in order to fulfill any obligation incurred under this agreement. However, obligors who obtain approval from the Director prior to breach of their scholarship contract, may change their academic training or course of study for which the scholarship is provided. The obligors newly approved training or course of study will substitute as the professional discipline in which the obligor serves his or her service obligation.
2. Fails to begin or complete the period of obligated service incurred under this contract for any reason other than those in paragraph 1 of this section, the United States shall be entitled to recover an amount equal to three times the scholarship funds awarded, plus interest, as determined by the formula

$$A = 3 \Phi \frac{(t - s)}{t}$$

In which:

- 'A' is the amount the United States is entitled to recover,
'Φ' is the sum of amounts paid to or on behalf of the applicant and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States,
't' is the total number of months in the applicant's period of obligated service, and
's' is the number of months of such period served by the applicant in accordance with Section 338B of the Act or with a written agreement under Section 338C of the Act.

The amount the United States is entitled to recover shall be paid within one year of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service and may include all collection costs including any litigation costs.

Section D -- Creditability of Graduate Training Toward the Period of Obligated Service

1. No credit of time for internship, residency, or other advanced clinical training will be counted toward satisfying the period of obligated service incurred under this contract.

Section E -- Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this contract if:
 - a. compliance by the applicant with the terms and conditions of this contract is impossible or would involve extreme hardship, and
 - b. enforcement of such obligation would be unconscionable.

Section F -- Contract Extension

1. The applicant may annually request extension of this contract, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the IHS, the Secretary shall approve request for contract extension if:
 - a. the request does not extend the total period of scholarship award beyond four years, and
 - b. the applicant is otherwise eligible for continued participation in the Scholarship Program

Section G -- Documents Incorporated by Reference

The Indian Health Service Scholarship Program (IHSSP) Student Handbook and the IHSSP Applicant Information-Instruction Booklet are incorporated by reference into this agreement.

The Secretary or his/her authorized representative must sign this contract before it becomes effective.

Applicant Name (Please Print)	Applicant's Signature	Date
Secretary of Health and Human Services		Date



STANDARD CONDITIONS FOR ACADEMIC YEAR 2002 - 2003



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

STANDARD CONDITIONS FOR ACADEMIC YEAR 2002-2003

I. GENERAL INFORMATION

The IHS Scholarship Program (IHSSP) Terms and Conditions are listed. Please read these sections carefully and make notes of the conditions pertaining to your scholarship award. Please note the Area Scholarship Coordinator; the name, address, E-mail, and telephone number for your IHS area are listed in this Handbook. They are responsible for assisting you with any academic or potential compliance problems that may develop while you are attending school.

Immediately notify the Area Scholarship Coordinator of technical problems, i.e., travel, payments, etc., for possible further action by the Grants Scholarship Coordinator. Many situations can be resolved before escalating to a serious level, thereby causing postponement of your monthly stipend.

Recipients of Section 104 scholarships who desire placement in the *Extern Program* should consult Section J of this Handbook for information about academic eligibility and program contact. *Summer School* is available for scholarship students, but does require prior approval. During the academic year, begin checking the IHS website (updated early fall) for the application deadline date or call the Summer School Scholarship Analyst. This is extremely important for Section 103/103P recipients requesting approval for summer school.

Please maintain personal information with the scholarship and grants staff as soon as you anticipate a change. This should be done by the 10th of the month of the change. Other important changes to be reported are your address, leave of absence, graduation date, W-4 exemptions, or switching banks. It is critically important to notify the Grants Coordinator whether it is a savings or checking account to receive the monthly stipend.

II. PERSONS TO CONTACT

Area Scholarship Coordinator

Coordinators are listed in this Handbook – See Section B

IHS Grants Scholarship

Bernard Covers Up
Grants Scholarship Coordinator
801 Thompson Avenue
Suite 120
Rockville, MD 20852
Telephone: (301) 443-2241

Invoices for Student Payments Should Be Mailed to:

IHS Grants Scholarship
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Telephone: (301) 443-0243
Fax: (301) 443-9602

STANDARD CONDITIONS FOR ACADEMIC YEAR 2002-2003

III. REPORTING REQUIREMENTS

Submit one copy of the following reports to the office indicated. If you fail to submit these reports as required you will be ineligible for continuation of scholarship support and your scholarship award payments will be discontinued. Refer to the related sections of this Handbook for instructions and forms.

REPORT	DUE DATE
Submit to Scholarship Branch:	
A. Recipient's Enrollment & Initial Progress Report	Within 30 days from the beginning of each semester or quarter
B. Official Transcript	Within 30 days from the end of each academic period. If grades are not posted until the end of the academic year, submit letter from school verifying when the grades will be available for each quarter/semester. School should also verify full-time or part-time status; good standing; and that no repeat courses are in the curriculum (if course(s) previously paid by IHS)
C. Notification of Academic Problem/Change	As necessary
D. Change Status:	
1. Change of Academic Status	Immediately
2. School Transfer Request	30 Days prior to change
3. Change of Health Discipline	See section F-IV
4. Change in Graduation Date	Immediately
5. Program Change	See section F-IV

IV. ACADEMIC STANDING

It is the policy of the IHS that recipients of a scholarship awarded under the Health Professions scholarship program of the Indian Health Care Improvement Act *maintain a 2.0 cumulative grade point average (GPA) each semester/quarter and must be a full-time student with minimum of 12 credit hours (unless approved for part-time status which would be a minimum of 6 credit hours) or the number of credit hours considered by your school as full-time.* A recipient of a scholarship under the Health Professions and Health Professions Preparatory Scholarship authority *must maintain a good academic standing each semester/quarter and must be a full-time student with a minimum of 12 hours (unless approved for part-time status which would be a minimum of 6 credit hours).* In

STANDARD CONDITIONS FOR ACADEMIC YEAR 2002-2003

addition to the two requirements stated above, a *Health Professions Scholarship Program* grantee must also be enrolled in a approved/accredited school for a health professions degree.

All recipients of the IHS Scholarship award must **apply annually for continuation** beyond the initial funding period. Only those students who continue to fulfill the criteria specified for each of the IHS scholarship programs and are recommended for continuation will be given priority consideration for additional periods of scholarship support. Please consult the IHS Student Handbook for criteria for each program.

V. STIPEND FOR STUDENT LIVING EXPENSES

The IHS Scholarship program will pay a stipend at the end of each month for living expenses to include room and board that is currently **\$1,082.00** per month subject to change annually. For part-time students this amount is based on the number of credit hours taken during the academic year.

NOTE: All participants are required to have Direct Deposit for method of payment.

Health Professions Scholarship recipients will receive a stipend for a 12-month period beginning August 1 through July 31. Recipients of the Health Professions Preparatory and Pre-graduate Scholarship will receive a stipend for 10 months beginning August 1 through May 31. If these students have requested and have been *approved in advance* to attend summer sessions, stipends will be extended into June and July.

VI. INVOICING REQUIREMENTS

A. TUITION

IHS will pay all tuition costs, and other mandatory fees, such as lab fees, as long as the school includes them on their invoice. The university or college should submit all invoices to the Grants Management address in Item II. IHS will not pay for repeat course work, if previously paid by IHS.

B. BOOKS, LABORATORY EXPENSES, OTHER NECESSARY EDUCATION EXPENSES. (INCLUDING HEALTH INSURANCE), AND TRAVEL.

Each Student will receive advance payment for books, miscellaneous educational expenses, and travel for the Fall or Spring terms. You must pay for all books. IHS does not pay school bookstore invoices. It is your responsibility to obtain health insurance. The health insurance should be calculated into student's education expenses if it is required. The school must include the insurance cost on the tuition invoice if the school requires it.

The sum of \$300.00 is to help offset your travel expenses to school and return for the entire year. The Scholarship Program will not pay for any additional expenses incurred by the recipient over

STANDARD CONDITIONS FOR ACADEMIC YEAR 2002-2003

the lump sum amount. This total payment is derived from the travel allowance and the amounts indicated by your school for books and required educational expenses for your degree program. This amount cannot be increased.

VII. EXTERN PROGRAM (*UNDER AUTHORITY OF P.L. 94-437, TITLE I, SECTION 105*)

Individuals receiving Health Professionals Scholarship Program funding are entitled to employment with the IHS during any **non-academic period** in accordance with the provisions of Section 105 of the Act. Please see Section I for specific academic requirements, information and required forms. **Students who are completing a rotation, whether clinical or on the job experience, that is part of a course requirement are not eligible.**

VIII. IRS NOTIFICATION

Federal income taxes will be withheld from your monthly stipend. You should inquire in your respective State about the liability of these benefits for State taxation purposes. (We cannot withhold State income tax for any recipient).

IX. JOB PLACEMENT FOR PAYBACK OBLIGATION

Subject to applicable regulations and to the *Indian Health Service Scholarship Program Contract*, there is a requirement that a Health Professions Scholarship Program recipient serve one year for each year of scholarship support that he/she receives. The minimum period of service is 2 years. Please consult Section K for additional information, specific deadline dates, and required forms. It is the Scholarship recipient's responsibility to secure a position that qualifies for service payback. According to the Indian Health Care Improvement Act and Public Health Service Act, the active duty service obligation must be served in full-time (40 hours per week) clinical practice. You will have the opportunity to find placement to serve your obligation, consistent with the statutory mandates of both Acts. However, if there is difficulty in placement, you will be assigned to an IHS geographic area where there is an existing need.

X. COURSE CURRICULUM FOR MAJOR

New Students are to attach a *four-year course curriculum leading to graduation*, as published in the catalog for your Major, at the university you are now attending. This is required the first year you start your education program, whether you are in your first year or not.

XI. REPORTING FRAUD AND ABUSE

The U.S. General Accounting Office maintains a toll free number, **1-800-424-5454**, for receiving information concerning fraud, waste, and abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

STANDARD CONDITIONS FOR ACADEMIC YEAR 2002-2003

The HHS Inspector General maintains a toll free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

For contacting the HHS Inspector General:

Toll-free Hotline: 1-800-447-8477

Outside Maryland: 1-800-368-5779

Mailing address: Department of Health and Human Services
Office of the Inspector General
P.O. Box 23489
Washington, DC 20007

E-mail: *Htips@os.dhhs.gov*

Web site: *<http://oig.hhs.gov/hotline.html>*

NOTICE: Payments under this award are issued through the DHHS, PSC, HRS, BSED, (Department of Health & Human Services, Program Support Center, Human Resources Services, Business Systems Engineering Division).



SECTION A

REQUIREMENTS OF THE IHS

SCHOLARSHIP



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

REQUIREMENTS OF THE IHS SCHOLARSHIP

I. SCHOLARSHIP PROGRAM MINIMUM ACADEMIC REQUIREMENTS

It is the policy of the IHS that a scholarship recipient awarded under the Health Professions Scholarship Program of the Indian Health Care Improvement Act maintain a 2.0 cumulative grade point average (GPA) each semester/quarter and must be a full-time student (minimum of 12 credit hours or the number of credit hours considered by your school as full-time). A recipient of a scholarship under the Health Professions Pre-graduate and Health Professions Preparatory Scholarship authority must maintain a good academic standing each semester/quarter and must be a full time student (minimum of 12 credit hours or the number of credit hours considered by your school as full-time). In addition to the two requirements stated above, a Health Professions Scholarship Program grantee must be enrolled in an approved/accredited school for a health professions degree.

Part-time students for the three scholarship programs must also maintain a 2.0 cumulative GPA and must take at least 6 credit hours each semester/quarter but less than the number of hours considered full-time by your school. You must be approved for part-time status at the time of scholarship award. You may not change from part-time status to full-time status or vice versa in the same academic year.

II. REPORTING REQUIREMENTS

The following reports must be sent to the IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland, 20852. If you fail to submit these reports as required, you will be ineligible for continuation of scholarship support and your scholarship award payments will be discontinued.

A. RECIPIENT'S ENROLLMENT AND INITIAL PROGRESS REPORT

Within thirty (30) days from the beginning of **each** semester or quarter, you must submit a Recipient's Enrollment and Initial Progress Report (see **Form F-02** of this student handbook,) signed by your school advisor or the registrar's office, verifying that you are enrolled in a full-time or part-time course load for the semester/quarter. A full-time course load is a minimum of 12 credit hours or the number of credit hours considered by your school as full-time, part-time course load is minimum of 6 credit hours. You must also submit a course curriculum outline, approved by your advisor, for your chosen health program.

B. TRANSCRIPTS

Within thirty (30) days from the end of each academic period, i.e., semester, quarter, or summer session, you must submit an **Official Transcript**. If an official transcript will not be available within thirty (30) days, you must submit a copy of your official grade report or documentation indicating the grades received in each class, signed by each instructor and your advisor. When your transcripts do become available, you must have an official copy sent directly to the address listed above. (See Section E-01 Suspension of Benefits.)

REQUIREMENTS OF THE IHS SCHOLARSHIP

C. NOTIFICATION OF ACADEMIC PROBLEM/CHANGE

If at any time during the semester/quarter you are advised to reduce the number of credit hours for which you are enrolled below the minimum of 12 (or the number of hours considered by your school as full time) for a full-time student or at least 6 hours for part-time students; or if you experience academic problems, you must submit this report (see page F-04 of this student handbook). If you are enrolled in at least 12 credit hours for full-time or 6 hours for part-time and are doing satisfactorily in all classes (at least a “C” or better), **Do Not Submit This Report** unless you want to alert your Scholarship Coordinator to a special problem you are experiencing or to request assistance, e.g., tutorial service or approval to drop a course.

D. CHANGE OF STATUS

1. Change of Academic Status

You must **Immediately** notify the Area Scholarship Coordinator if you are placed on academic probation, dismissed from school, or voluntarily withdraw for any reason (personal or medical).

2. School Transfer Request

Refer to the “School Transfer Request” section of this student handbook for acceptable reasons for transfer. You must request approval of the transfer at least 30 days prior to the change from the school cited on the award. State clearly the reason for the transfer, submit an acceptance letter from the school to which you are requesting a transfer, and a course curriculum from the new school, which is signed by the program advisor. You must be notified of the approval/disapproval of your request. If you change schools without IHS approval, your scholarship award payments will be discontinued. This applies only to scholarship continuation students and **does not** apply to new students receiving scholarships for the first time. **New students, including first-time scholarship recipients and former scholarship recipients who have served their obligations, cannot request school transfers.**

3. Change of Health Discipline

You may not change from the approved IHS Scholarship Program health discipline during the school year. If you make an unapproved change, your scholarship payments will be discontinued. (See the “change of Health Discipline” section in this handbook for instructions on when and how to change into a new health discipline.)

4. Change in Graduation Date

Any time that a change occurs in your expected graduation date, notify your scholarship coordinator immediately in writing. Attach justifying documentation from your school advisor.

REQUIREMENTS OF THE IHS SCHOLARSHIP

5. Program Change

Refer to the “Program Change” section of this student handbook.

III. PAYMENTS

A. STIPEND PAYMENTS

The Health Professions Preparatory and Pre-graduate Program recipients will receive payment for the academic year from August 1 through May 31 of the year funded. Stipend payments for Health Professions Scholarship recipients will be made monthly from August 1 through July 31. Stipends for part-time students are prorated based on the number of credit hours taken during the academic year. Stipend payments are electronically transferred (EFT) to your bank from the Treasury Department at the end of each month. Although the funds may be identified as salary, they are stipend payments.

To protect yourself, you should not write checks on your account until you have received notice from your bank that the EFT has occurred. If your EFT is delayed and checks drawn on your account are not honored due to insufficient funds, the Scholarship Program cannot pay any penalties your bank may impose for returned checks.

The Treasury Department will transfer funds during the last three days of the month. **If you do not receive your stipend, you must notify Grants Management Branch after the 7th day of the subsequent month so that the Treasury Department can be authorized to issue a replacement EFT to cover the amount you did not receive.**

You may find that other students at your school received their EFT while you have not. The reason may be that the funds for students at the same school are not necessarily transferred from the Treasury Department at the same time.

B. TAXABILITY OF BENEFITS

Federal income taxes will be withheld from your stipend checks. You should inquire in your respective State about the liability of these benefits for State taxation. (The IHSSP cannot withhold State Income tax for any recipient.)

C. ADDRESS FOR CORRESPONDENCE

This Handbook is being sent to the address in our files. The Scholarship Program maintains only one address as a permanent address, all correspondence will be sent to that address. The Scholarship Program has provided a \$35.00 payment for a post office box, which is not to change during the year of scholarship support.

REQUIREMENTS OF THE IHS SCHOLARSHIP

If your address changes, you must promptly notify us to avoid loss or delay in receiving your correspondence. Address changes received after the 10th of each month will not take effect until the following month. You must submit a change of address in writing.

D. PAYMENT OF TUITION AND FEES

1. Tuition and Fees

Your tuition and fees will be paid directly to the school when the school bills the Grants Management Branch. We will provide your school with instructions for submitting invoices on your behalf for the award period August 1 through July 31 of the year funded.

2. Summer School Tuition and Fees

Summer school tuition and fees must be requested in writing using Form G-04, Summer School Request, and must be approved in advance by the IHS. See the "Summer School" section of this student handbook for additional information and for the required form.

E. VERIFICATION OF SCHOLARSHIP SUPPORT FOR CREDIT PURPOSES

The Scholarship Program will verify your status upon receipt of a written request containing your signature and your social security number for the release of pertinent information from your file to a credit card company, a bank, department store, etc. We **cannot** respond to credit inquiries by telephone.

F. MAINTAINING ACADEMIC ELIGIBILITY

You are responsible for keeping us informed of any changes in your academic status which could extend your date of graduation or alter your status as a full-time or part-time student. Such changes include repeating course work, leaves of absence, academic dismissal, or voluntary withdrawal from school. You are eligible to receive scholarship support when you are enrolled in good academic standing as a full-time or part-time student pursuing the degree for which you were given the award and not repeating any course work, which would extend your date of graduation.

IV. EXTERNSHIP FOR HEALTH PROFESSIONS SCHOLARSHIP PROGRAM RECIPIENTS

A. EXTERNSHIP

Individuals receiving a Public Law 94-437, as amended, Health Professions Scholarship are entitled to employment by the IHS during any non-academic period in accordance with the provisions of Section 105 of the Indian Health Care Improvement Act. Other Students enrolled in a course of study are eligible for an externship with priority given to other IHS Scholarship

REQUIREMENTS OF THE IHS SCHOLARSHIP

recipients (103/103P). Students who have been placed on academic probation during the academic year are not eligible for Extern/Commissioned Officer Student Training Program (COSTEP). Health Professions Scholarship recipients who have graduated are not eligible. Refer to Extern Program Section of this Section of this student handbook for details.

B. APPLICATION

Each student must submit a Standard Form (SF) 171 Application for Federal Employment or COSTEP Application and the Extern Assignment Preference Form to your Area **Extern Coordinator**.

The Extern Coordinator is the Area Scholarship Coordinator. Deadline date for receipt of these forms is the close of business, February 1. Refer to the Extern Program Section of this student handbook for specific requirements, additional information and required forms. **Students who are completing a rotation, whether clinical or on-the-job experience, that is part of a course requirement are not eligible.**

V. SERVICE OBLIGATION

Subject to applicable regulations and to the Indian Health Service Scholarship Program, there is a requirement that a Health Professions Scholarship recipient serve one year for each year of scholarship support which he/she receives. The minimum period of service is two years with a maximum of four years. The IHS will review assignment opportunities with each graduating student in the final school year and will work with the student to confirm an assignment. Although fulfilling the service obligation is the primary responsibility of the scholarship recipient, the IHSSP staff and the Discipline Branch Chief are available to facilitate placement.

The Director, IHS, reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation according to the needs and priorities of the IHS and Tribes. Pursuant to Section 104 of the Indian Health Care Improvement Act, scholarship recipients shall serve their active duty service obligation in:

1. The IHS;
2. A program conducted under a contract (includes compact) entered under the Indian Self Determination Act (P.L. 94-437) facilities;
3. An urban program assisted under Title V of the Indian Health Care Improvement Act (P.L. 94-437); or
4. Private practice if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is in a designated (a) health professional shortage area serving the health care needs of (b) a substantial number of Indians.

REQUIREMENTS OF THE IHS SCHOLARSHIP

Prioritization of sites will vary from year-to-year and will vary among the 26 health profession disciplines. Health professions graduates may contact their Discipline Branch Chief for information regarding placement (See list B-05 through B-08). Although the IHS will attempt to place the graduate in the geographic location of his/her choice, this may not be possible and the graduate may be required to take a position in another location.

In the last year of your health professions program prior to your graduation, you must submit the required forms to the IHS Scholarship Program Office (for either the Civil Service or the Public Health Service Commission Corps). Refer to the “Service Obligation” section of this student handbook for additional information, specific deadline dates, and required forms.



SECTION B

PERSONNEL INVOLVED WITH THE

SCHOLARSHIP AWARD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

I. AREA OFFICE SCHOLARSHIP COORDINATOR

A complete listing of the Indian Health Service Area Office Scholarship Coordinators follows this page. The role of the Area Scholarship coordinator is to serve as your primary contact within the IHS for technical and programmatic questions, to monitor your academic performance, and to assist you with the placement process.

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

INDIAN HEALTH SERVICE AREA OFFICES AND SPECIAL SCHOLARSHIP OFFICES

<i>IHS Area Office and States/Locality Served</i>	<i>Address of Area Office</i>	<i>Scholarship Coordinator</i>	<i>Telephone</i>
Aberdeen Area IHS Iowa Nebraska North Dakota South Dakota	Aberdeen Area IHS Federal Building, Room 309 115 4th Avenue, SE Aberdeen, SD 57401	Ms. Alice Lafontaine	Phone: (605) 226-7553 Fax: (605) 226-7668
Alaska Area Native Health Service Alaska	Alaska Area IHS 4141 Ambassador Drive Room 349 Anchorage, AK 99508	Ms. Rea Bavilla	Phone: (907) 729-1332 Fax: (907) 729-1335
Albuquerque Area IHS Colorado New Mexico	Albuquerque Area IHS 5300 Homestead Road, NE Albuquerque, NM 87110	Ms. Shirley Toribio	Phone: (505) 248-4513 Fax: (505) 248-4744
Bemidji Area IHS Illinois Indiana Michigan Minnesota Wisconsin	Bemidji Area IHS Federal Building 522 Minnesota Avenue, NW Room 209 Bemidji, MN 56601	Mr. Tony Buckanaga	Phone: (218) 444-0486 Fax: (218) 444-0498
Billings Area IHS Montana Wyoming	Billings Area IHS P.O. Box 36600 Billings, MT 59103	Mr. Sandy Macdonald	Phone: (406) 247-7210 Fax: (406) 247-7245

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

INDIAN HEALTH SERVICE AREA OFFICES AND SPECIAL SCHOLARSHIP OFFICES

<i>IHS Area Office and States/Locality Served</i>	<i>Address of Area Office</i>	<i>Scholarship Coordinator</i>	<i>Telephone</i>
California Area IHS California Hawaii	California Area IHS 650 Capitol Mall, 6th floor Sacramento, CA 95814	Ms. Mona Celli	Phone: (916) 930-3981 ext.724 Fax: (916) 930-3952
Nashville Area IHS	(see next page)		
Navajo Area IHS Arizona New Mexico Utah	Navajo Area IHS P.O. Box 9020 Window Rock, AZ 86515	Ms. Roselinda Allison Ms. Pamela Johnson	Phone: (928) 871-1358 or (928) 871-1422 Fax: (928) 871-1383
Oklahoma City Area IHS Kansas Missouri Oklahoma	Oklahoma Area Office Mr. Jim Ingram HC 67, Box 132 Marietta, OK 73448	Mr. Jim Ingram (E-mail: jingram@brightok.net)	Phone: (580) 276-5983 Fax: (580) 276-5983
Phoenix Area IHS Arizona Nevada Utah	Phoenix Area IHS 2 Renaissance Square 40 N Central Ave., #600 Phoenix, AZ 85004	Ms. Lena Fasthorse	Phone: (602) 364-5234 Fax: (602) 640-2801
Portland Area IHS Idaho Oregon Washington	Portland Area IHS Federal Building, Room 440 1220 SW 3rd Avenue Portland, OR 97204-2892	Ms. Janelle Langland	Phone: (503) 326-2015 Fax: (503) 326-5787
Tucson Area IHS Arizona Texas	Tucson Area IHS 7900 South "J" Stock Road Tucson, AZ 85746	Ms. Malinda Paul	Phone: (520) 295-2441 Fax: (520) 295-2438

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

INDIAN HEALTH SERVICE AREA OFFICES AND SPECIAL SCHOLARSHIP OFFICES

<i>IHS Area Office and States/Locality Served</i>	<i>Address of Area Office</i>	<i>Scholarship Coordinator</i>	<i>Telephone</i>
Nashville Area IHS	<i>Students should submit their materials to the following IHS Area Office:</i>	Ms. Alvina Waseta	Phone: (505) 248-4513 Fax: (505) 248-4744
Alabama	New Hampshire		
Arkansas	New Jersey		
Connecticut	New York		
Delaware	North Carolina		
Florida	Ohio	Albuquerque Area IHS	
Georgia	Pennsylvania	5300 Homestead Road, NE	
Kentucky	Rhode Island	Albuquerque, NW 87110	
Louisiana	South Carolina		
Maine	Tennessee		
Maryland	Vermont		
Massachusetts	Virginia		
Mississippi	West Virginia		
District of Columbia			
Special Scholarship Office	Address of Area Office	Scholarship Coordinator	Telephone
Indians Into Medicine (INMED)	Indians Into Medicine (INMED)	Mr. Eugene DeLorne	Phone: (701) 777-3037
Students recruited by the	University of North Dakota		Fax: (701) 777-3277
INMED program only	501 North Columbia Road		
	Grand Forks, North Dakota 58201		

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

II. IHS DISCIPLINE REPRESENTATIVE

The role of the IHS Discipline Representative of your particular health discipline is to monitor your academic performance in order to assure your success in your health education. The Discipline Representative also assists Health Professions Scholarship recipients with Extern Placement and with placement to begin and complete the Service Obligation. Please refer to the follow listing of the Discipline Representatives.

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

IHS DISCIPLINE BRANCH CHIEF LISTING

Accounting	Dan Madranoo Indian Health Service – HQE 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-7765
Alcoholism/Drug Abuse/Mental Health/ Clinical Psychology/Counseling Psychology	Dr. Marlene Echohawk Indian Health Service – HQE 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-2486
Computer Science	Jim Garvie Indian Health Service 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-3369
Dentistry/Dental Hygiene	Dr. Chris Halliday Indian Health Service – HQE 801 Thompson Ave Suite 120 Rockville, MD 20852 Phone: (301) 443-1106
Dietetics/Nutrition	Ms. Jean Charles-Azure Indian Health Service – HQE 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (505) 443-1046
Environmental Health – Engineering	Mr. Ron Ferguson Indian Health Service – HQE Environmental Health & Engineering 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-1046

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

IHS DISCIPLINE BRANCH CHIEF LISTING – *Continued*

Environmental Health – Education	Ms. Kelly Taylor Indian Health Service – HQE Environmental Health & Engineering 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-1054
Master of Public Health/Health Education/ Health Care Administration	Mr. Curtis Kitto Indian Health Service – HQE Office of Management Support 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-9597
Master of Social Work	Ms. Ramona D. Williams Indian Health Service – HQE Behavioral Health 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-2038
Medical Records	Ms. Angela Kihega Indian Health Service – OKC Five Corporate Plaza 3625 NW 56 th Street Oklahoma City, OK 73112 Phone: (405) 951-3831
Medical Technology	Mr. Maury South Phoenix Indian Medical Health Center 4212 North 16 th Street Phoenix, AZ 85016
Nursing/Nurse Practitioner	Ms. Celissa Stephens Indian Health Service – HQE 801 Thompson Avenue, Suite 120 Rockville, MD 20852 Phone: (301) 443-1840

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

IHS DISCIPLINE BRANCH CHIEF LISTING – *Continued*

Injury Prevention	Mr. Alan Dellapenna Indian Health Service – HQE 801 Thompson Avenue, Suite 120 Rockville, MD 20852 Phone: (301) 443-0097
Optometry	Dr. Richard A. Hatch Eye Clinic Gallup Indian Medical Center P.O. Box 1337 Gallup, NM 87301 Phone: (301) 722-1332
Pharmacy	Mr. Robert Pittman Indian Health Service – HQE 801 Thompson Avenue, Suite 120 Rockville, MD 20852 Phone: (301) 443-1190
Physical Therapy	Mr. Ron West Phoenix Indian Medical Center 4212 North 16 th Street Phoenix, AZ 85016 Phone: (602) 263-1561
Physician Assistant/Associate/ Medicine/Pre-medicine	Mr. Darrell Pratt Indian Health Service Physician Recruitment 801 Thompson Avenue Suite 120 Rockville, MD 20852 Phone: (301) 443-5710
Radiologic Technology/Ultrasonography	Mr. Richard Gwilt Deputy Director Medical Imaging Program 2 Renaissance Square 40 North Central Avenue, Suite 600 Phoenix, AZ 85004-4424 Phone: (602) 364-5166

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

III. IHS SCHOLARSHIP BRANCH CHIEF

The IHS Scholarship Acting Branch Chief is Capt. Patricia Yee-Spencer. The IHS Headquarters Scholarship Branch Chief is responsible for the coordination of the programmatic aspects for the five sections of P.L. 94-437, Title I and for the activities of the Area Scholarship Coordinators. Additionally, the IHS Headquarters Scholarship Branch Chief serves as the authority on programmatic issues and decisions. Capt. Yee-Spencer's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-6197.

IV. IHS SCHOLARSHIP ANALYST

The IHS Scholarship Award Analyst is Ms. Robin Bristow. The Scholarship Analyst is responsible for the coordination of the various programs and processes within the Scholarship Program. These include applications/awards, monitoring, payments, placement, deferment, default, and service. She establishes and maintains cooperative and ongoing communications/relationships with Area Scholarship Coordinators as well as other IHS components, government agencies, and tribal organizations. Ms. Bristow's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-6197.

V. PROGRAM COMPLIANCE ANALYST

The Program Compliance Analysts are Ms. Georgianna Old Elk and Ms. Vickye Santiago, who are responsible for assisting scholarship recipients in complying with their obligations or liabilities. They are responsible for processing and recording data on recipients and monitoring their compliance with program requirements. They are responsible for monitoring the deferment, service, and completion of service of the scholarship recipient. The mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-6197.

VI. SCHOLARSHIP APPLICATIONS/AWARDS ANALYST

The Scholarship Application/Awards Analyst, Ms. Juana Hernandez, monitors scholarship awardees and determines compliance with prescribed guidelines, makes recommendations if the awardee is in noncompliance. She prepares and distributes materials to applicants, recipients, and schools regarding the Scholarship Program. Ms. Hernandez is *also* responsible for the following: transfer of schools, leave of absence, change in graduation date, reporting requirements of progress reports/transcripts, academic problem, and request for tutorial and summer school. Ms. Hernandez's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-6197.

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

VII. PROGRAM PLACEMENT ANALYST/PLACEMENT OFFICER

The Program Placement Analyst/Placement Officer (currently vacant), monitors scholarship awardees according to the disciplines assigned, and determines compliance with prescribed guidelines, verifies and reconciles data on all awardees and inputs student information into the Scholarship Program Database. This officer monitors and assists students in the disciplines assigned, with the placements process and distributes materials to applicants, recipients, and schools regarding the Scholarship Program. This officer also updates all assigned students in the database and makes/distributes progress reports according to student program status. The mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-6197.

VIII. SCHOLARSHIP PROGRAM PLACEMENT/EXTERN COORDINATOR

The IHS Scholarship Program Placement/Extern Coordinator, Ms. Vickye Santiago, is responsible for coordinating the placement and funding of the IHS Scholarship Extern Program. She verifies and reconciles data on all externs by Area Office. Ms. Santiago is also responsible for the Deferment process and monitoring the service obligation requirements of the Scholarship Program. She establishes and maintains cooperative and ongoing communications with Area Scholarship Coordinators as well as other component/government agencies and tribal organizations to ensure recipient compliance with Scholarship Program requirements. Ms. Santiago's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-6197.

IX. IHS GRANTS MANAGEMENT OFFICER

The IHS Grants Management Officer is Crystal Ferguson. The IHS Grants Management Officer is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is her responsibility. Ms. Ferguson's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-5204.

X. IHS GRANTS SCHOLARSHIP COORDINATOR

The IHS Grants Scholarship Coordinator is Mr. Bernard Covers Up. The Grants Scholarship Coordinator is responsible for the coordination of all business functions of the scholarship program. These include application distribution, obligation of funds, award notifications, payments of both invoice, and monthly stipend. Mr. Cover Up's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-5204.

PERSONNEL INVOLVED WITH THE SCHOLARSHIP AWARD

XI. IHS SCHOLARSHIP GRANTS MANAGEMENT SPECIALIST

The IHS Scholarship Grants Management Specialist is Craig Boswell (acting in this position for 2002-2003). The IHS Scholarship Grants Management Specialist is responsible for the issuance of the monthly stipend and yearly other reasonable costs (ORC). Mr. Boswell's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-0243.

XII. IHS SCHOLARSHIP GRANTS TECHNICAL ASSISTANT

The IHS Scholarship Grants Technical Assistant is Mr. Craig Boswell. The IHS Grants Technical Assistant is responsible for the authorization of tuition and mandatory fees. Mr. Boswell's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-0243.

XIII. HEALTH PROFESSIONS SUPPORT TEAM

The Health Professions Support Team (HPST) Leader is Mr. Darrell E. Pratt. HPST is responsible for coordinating the identification and approval of specialties for the postgraduate residency training programs. Mr. Pratt's mailing address is 801 Thompson Ave., Suite 120, Rockville, MD 20852; Telephone - (301) 443-4242.



SECTION C

BENEFITS OF THE SCHOLARSHIP



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

BENEFITS OF THE SCHOLARSHIP

I. TUITION AND REQUIRED FEES

The IHS Grants Management Office, Rockville, Maryland, arranges payments of all tuition and other mandatory fees, such as laboratory fee, upon receipt of a bill from the education institution. Payment of tuition and fees is made directly to the educational institution.

The Scholarship Program will pay for tuition and fees directly applicable to the student's approved curriculum and program. **Payment will not** be made for tuition and fee items unrelated to the approved program, e.g., membership dues for student societies, associations, parking fees, similar expenses, or for school terms that begin prior to the beginning date of the scholarship award or after the expiration date of the scholarship award. See page E-01 regarding *non-payment of repeat course work*.

The IHS will not pay tuition, fees, and other costs for summer school unless you have provided a written request, Form G-04, and received prior approval. Specific instructions regarding appropriate procedures for requesting approval are contained in the "Summer School" Section of this student handbook (page G-09).

II. STIPEND FOR STUDENT LIVING EXPENSES

The IHS Scholarship Program will pay a stipend at the **end of each month** for living expenses to include room and board, which may include a periodic cost of living increase. For part-time students, this amount is prorated based on the number of credit hours taken during the academic year. **NOTE: The use of direct deposit is mandatory for IHSSP recipients; electronic transfer of funds will be used to carry out the direct deposit.**

Recipients of the Health Professions Preparatory and Pre-graduate Scholarship will receive a stipend for the academic period of their awards – August 1 to May 31. A stipend for the months of June and July will be paid only to those students who have requested and have been approved in advance to attend summer sessions.

Awardees for the Health Professions Scholarship will receive a stipend for a twelve-month period beginning August 1 through July 31.

III. ADDRESS FOR CORRESPONDENCE RECEIPT

You are required to obtain a post office box to serve as your correspondence receipt address for the period of the grant award. \$35.00 has been included with "other reasonable costs" to cover box rental. **This correspondence receipt address should not be changed during the year of scholarship funding.** This requirement is necessary to prevent delay and/or loss of correspondence. Previous scholarship recipients have encountered delays of up to eight weeks in receiving their correspondence when addresses have been changed and the IHSSP is not notified of change.

BENEFITS OF THE SCHOLARSHIP

IV. BOOKS, MISCELLANEOUS EDUCATIONAL EXPENSES, AND TRAVEL

The August stipend check contains money for books, miscellaneous educational expenses, travel for the fall, winter, and spring terms, and includes \$35.00 for post office box rental for receiving the monthly correspondence. You must pay for all books. IHS does not pay school bookstore invoices. It is your responsibility to obtain health insurance. The costs of health insurance are included in miscellaneous education expenses only if it is required for all students of your school. The sum of \$300.00 is to help offset your travel expenses to school and return for the school year. The amount cannot be increased and is a one-time payment. You will not be reimbursed for moving expenses and daily mileage to and from school.

The Scholarship Program will not pay for any additional expenses incurred by the recipient over the lump sum amount. This lump sum payment is derived from the post office box allowance, travel allowance and the amounts indicated by your school for books and required educational expenses for your degree program. This amount cannot be increased above what the school submitted for your degree program.

V. ACCEPTANCE OF OTHER FEDERAL BENEFITS

A. VETERANS BENEFITS

Education benefits from the Veterans Administration (G.I. Bill) may continue along with the IHS Scholarship Program funds since these VA benefits were earned by prior active duty in a uniformed service.

B. BENEFITS FROM OTHER FEDERAL PROGRAMS

There is no prohibition on a student receiving financial aid from other sources; however, Health Professions Scholarship students receiving an IHS Scholarship must first fulfill their obligation to the IHS Scholarship Program before fulfilling any other obligation.



SECTION D

LOST STIPEND CHECKS / DIRECT DEPOSIT



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

LOST STIPEND CHECKS / DIRECT DEPOSIT

I. FUNDS NOT RECEIVED

If you do not receive your electronic funds transfer (EFT) by the 7th day of the subsequent month, **immediately submit the form letter (see Form D-02)** and explain why the check was not received.

The letter initiates tracing of the EFT. If the EFT was returned to the Treasury Department it will be reissued within two weeks of return.

Changes in direct deposit information is the primary reason for non-receipt of EFT.

D-02 (Rev. 12/01)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004

*See Estimated Average Burden Time
per Response on Reverse Side*

LOST STIPEND CHECK / DIRECT DEPOSIT

IHS Grants Management
801 Thompson Avenue - Suite 120
Rockville, Maryland 20852

Attention Grants/Financial Management:

I did not receive my Electronic Transfer of Funds in the amount of \$_____ for the
month _____. I believe the ETF was not received for the following reason:

_____.

Please trace and reissue as soon as possible.

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

_____ Signature (Do Not Print)

Please return a completed D-02 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.

D-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.

D-02 (Rev. 12/01)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004

*See Estimated Average Burden Time
per Response on Reverse Side*

LOST STIPEND CHECK / DIRECT DEPOSIT

IHS Grants Management
801 Thompson Avenue - Suite 120
Rockville, Maryland 20852

Attention Grants/Financial Management:

I did not receive my Electronic Transfer of Funds in the amount of \$_____ for the
month _____. I believe the ETF was not received for the following reason:

_____.

Please trace and reissue as soon as possible.

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

_____ Signature (Do Not Print)

Please return a completed D-02 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.

D-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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SECTION E

SUSPENSION OF BENEFITS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

SUSPENSION OF BENEFITS

I. SUSPENSION OF BENEFITS

A. THE SCHOLARSHIP PROGRAM WILL SUSPEND THE PAYMENT OF *ALL* BENEFITS FOR THE PERIOD OF TIME THAT:

1. the school and the Scholarship Program have approved a participant's leave of absence for medical or personal reasons, or
2. a recipient's graduation is delayed for personal reasons or by a requirement to repeat course work for which the Scholarship Program has previously paid the tuition and provided stipend support.

The participant is required to notify the Scholarship Program when leave of absence or repeated course work is expected. A letter from the school approving the leave of absence or verifying that course work is to be repeated is required.

Benefits suspended will not resume until the Scholarship Program is notified by the school that the participant has returned full-time to the course of study for which the scholarship was awarded and only if funds are available to continue support.

If repeated course work does not delay graduation but is taken in addition to the student's normal full-time course load, the Scholarship Program will pay tuition only for the non-repeated courses. Payment of the stipend will not be affected in this case.

The maximum time granted for leave of absence is for a total of two academic years.

B. THE SCHOLARSHIP PROGRAM WILL SUSPEND THE PAYMENT OF STIPENDS WHEN:

1. A **Recipient's Enrollment and Initial Program Progress Report** is not received within the 30 days of the beginning of the semester/quarter, or
2. A student fails to submit **Official Transcripts** by January 15 for the Fall semester, and/or by June 15 for the Spring semester. Quarterly transcripts should be sent within 30 days of the end of the quarter.

The Scholarship Program will not reinstate suspended stipend funds until the above-mentioned reports/transcripts have been received. These payments will not be issued until the next automated stipend cycle.



SECTION F

SCHOLARSHIP REPORTING

REQUIREMENTS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

SCHOLARSHIP REPORTING REQUIREMENTS

The following reports and documents must be sent to the IHS Scholarship Program Office. **If you fail to submit these reports as required you will be ineligible for continuation of scholarship support and your scholarship payments will be discontinued.**

I. RECIPIENT'S ENROLLMENT AND INITIAL PROGRAM PROGRESS REPORT

Within thirty days from the beginning of **each** semester or quarter, must submit an **Initial Progress Report** (see **Form F-02**) signed by your school advisor or the registrar's office verifying that you are enrolled in a full-time course load for the semester/quarter. A full-time course load is a minimum of 12 credit hours or the number of credit hours considered by your school as full-time. A part-time course load is a minimum of 6 credit hours. You must also submit a curriculum outline, approved by your advisor, for your chosen health program. Please make a copy of the **F-02** form for use during each semester quarter and retain the original in your handbook.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

F-02 (Rev. 12/01)**RECIPIENT'S ENROLLMENT AND INITIAL
PROGRAM PROGRESS REPORT**FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004See Estimated Average Burden Time
per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**CIRCLE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time**CLASS ENROLLMENT** - List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DURING THIS REPORT PERIOD I WILL PARTICIPATE IN THE FOLLOWING SPECIAL ACTIVITIES IN MY SCHOOL OR COMMUNITY: _____

_____**DURING THIS REPORT PERIOD I HAVE ENCOUNTERED THE FOLLOWING PROBLEMS WITH MY SCHOOL, COMMUNITY OR SCHOLARSHIP:** _____

_____**MAJOR ACTIVITIES WHICH WILL AFFECT ME IN THE COMING MONTHS ARE:** _____
_____**ADDITIONAL COMMENTS:** _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE AND TITLE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.

Please return a completed F-02 form to IHSSP,
801 Thompson Avenue Suite 120, Rockville, MD 20852.

Reviewed (IHS use only): _____

F-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

F-02 (Rev. 12/01)**RECIPIENT'S ENROLLMENT AND INITIAL
PROGRAM PROGRESS REPORT**FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004See Estimated Average Burden Time
per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**CIRCLE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time**CLASS ENROLLMENT** - List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DURING THIS REPORT PERIOD I WILL PARTICIPATE IN THE FOLLOWING SPECIAL ACTIVITIES IN MY SCHOOL OR COMMUNITY: _____

_____**DURING THIS REPORT PERIOD I HAVE ENCOUNTERED THE FOLLOWING PROBLEMS WITH MY SCHOOL, COMMUNITY OR SCHOLARSHIP:** _____

_____**MAJOR ACTIVITIES WHICH WILL AFFECT ME IN THE COMING MONTHS ARE:** _____
_____**ADDITIONAL COMMENTS:** _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE AND TITLE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.

Please return a completed F-02 form to IHSSP,
801 Thompson Avenue Suite 120, Rockville, MD 20852.

Reviewed (IHS use only): _____

F-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

F-02 (Rev. 12/01)**RECIPIENT'S ENROLLMENT AND INITIAL
PROGRAM PROGRESS REPORT**FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004See Estimated Average Burden Time
per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**CIRCLE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time**CLASS ENROLLMENT** - List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DURING THIS REPORT PERIOD I WILL PARTICIPATE IN THE FOLLOWING SPECIAL ACTIVITIES IN MY SCHOOL OR COMMUNITY: _____

_____**DURING THIS REPORT PERIOD I HAVE ENCOUNTERED THE FOLLOWING PROBLEMS WITH MY SCHOOL, COMMUNITY OR SCHOLARSHIP:** _____

_____**MAJOR ACTIVITIES WHICH WILL AFFECT ME IN THE COMING MONTHS ARE:** _____
_____**ADDITIONAL COMMENTS:** _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE AND TITLE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.

Please return a completed F-02 form to IHSSP,
801 Thompson Avenue Suite 120, Rockville, MD 20852.

Reviewed (IHS use only): _____

F-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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SCHOLARSHIP REPORTING REQUIREMENTS

II. TRANSCRIPTS

Within 30 days from the end of each academic period, i.e., semester, quarter, or summer session, you must submit an **Official Transcript**. Send directly to the IHS Scholarship Program Office in Rockville, Maryland and received no later than January 15 of each year for FallQuarter/Semester and by June 15 of each year for the Winter, Spring Quarter/Semester. (For more information – see A-01 and E-01)

III. NOTIFICATION OF ACADEMIC PROBLEM/CHANGE

This Report (**Form F-04**) must be submitted to the Area Scholarship Coordinator at any time during the semester/quarter if you experience any academic problems, are placed on academic probation, or fall below the minimum full-time course curriculum requirements of 12 credit hours or fall below the minimum part-time course curriculum requirements of 6 credit hours.

If you are enrolled in at least 12 credit hours for full-time or at least 6 credit hours for part-time, and doing satisfactorily in all classes (a “C” or better), you **do not** need to submit this report. **However**, if you wish to alert your Area Scholarship Coordinator of special problems or situation which may possibly become a problem, you may use this form to request assistance.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

F-04 (Rev. 12/01)**NOTIFICATION OF ACADEMIC PROBLEM/CHANGE**FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004See Estimated Average Burden Time
per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**CIRCLE ONE:** Semester Quarter**INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:**☐ I AM CURRENTLY ENROLLED IN THE
MINIMUM REQUIREMENT OF 12 CREDIT
HOURS BUT AM HAVING PROBLEMS.☐ I HAVE BEEN PLACED ON ACADEMIC
PROBATION.☐ I AM A PART-TIME STUDENT CURRENTLY
ENROLLED IN AT LEAST 6 CREDIT HOURS
BUT HAVING PROBLEMS.☐ I HAVE DROPPED COURSES WITH RECOM-
MENDATION AND APPROVAL OF MY
ADVISOR.☐ Previous Enrolled Credit Hours☐ Current Enrolled Credit Hours

DESCRIPTION OF PROBLEM: _____

LIST BY COURSE NUMBER, TITLE, AND HOURS THE COURSES YOU ARE HAVING PROBLEMS IN:

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____

DESCRIBE YOUR PROPOSED ACTION (i.e., obtain tutor assistance, seek no assistance and withdraw or terminate, etc.): _____

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
SCHOLARSHIP COORDINATOR'S SIGNATURE	DATE REVIEWED
BRANCH CHIEF'S SIGNATURE	DATE REVIEWED

Please return the completed F-04 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.

F-04 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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SCHOLARSHIP REPORTING REQUIREMENTS

IV. CHANGE OF STATUS

A. ACADEMIC PROBATION

You must notify your Area Scholarship Coordinator and the IHS Scholarship Program **immediately** if you are placed on academic probation. Such notification will alert your coordinator that you need special assistance such as tutorial services or reduction of course load. The Coordinator will advise you on alternatives that may help you.

B. WITHDRAWAL FROM SCHOOL

If you are considering voluntarily withdrawing from school for any reason (personal or medical), you should inform your Area Scholarship Coordinator prior to actually dropping your classes. Your coordinator may be able to advise you of alternative courses of action that will allow you to continue in the scholarship program. If you do withdraw from school, the IHS Scholarship Program Office must be notified **immediately** in order to stop your stipend checks. If you fail to notify the IHS Scholarship Program and you continue to cash stipend checks, you will be liable for the return of all funds to which you were not entitled.

C. DISMISSAL FROM SCHOOL

You must notify the Area Scholarship Coordinator **immediately** if you are dismissed from school. If you fail to notify the IHS and you continue to cash stipend checks, you will be liable for the return of all funds to which you were not entitled.

D. CHANGE OF HEALTH DISCIPLINE

You may not change from the approved IHS Scholarship Program health discipline during a school year. If you make an unapproved change, your scholarship award payments will be discontinued.

If you wish to change health disciplines, you must request and receive authorization to do so before you apply for continuation of your scholarship. The health discipline to which you are changing must be one of the IHS priority categories listed for the new scholarship cycle.

In addition, *Faculty and Employer Evaluation and Reasons for Requesting Scholarship* forms must be completed and submitted with your continuation application. Submit documentation to verify the number of hours earned and transferable from your current program in to the new health discipline program you are requesting.

E. SCHOOL TRANSFER REQUEST

At least 30 days prior to the time of transfer to a new school from the school you are currently attending, you must request approval from the IHSSP for the change. **State clearly the reason for**

SCHOLARSHIP REPORTING REQUIREMENTS

the transfer. The school transfer request is for scholarship continuation students only. It is not available for new students receiving the IHS Scholarship for the first time.

You may request a transfer of schools during the school year for only two (2) reasons:

1. To change from a school with a non-accredited program in your health discipline to a school with an accredited program, and
2. To change from a school that does not offer courses required for your health professions degree to a school offering the necessary courses.

Personal and/or family hardships, which may necessitate school transfer, will be considered on an individual basis.

You must submit a school acceptance letter, which specifies entry into a specific health professions program and a course curriculum with your request. Also, you must submit documentation to verify the number of hours earned and the number of hours transferable from your current school to the school you are requesting to attend.

You will be notified of the IHS's approval/disapproval of the request. **If you change schools without prior approval of the IHS, your scholarship award will be discontinued.**

F. CHANGE IN GRADUATION DATE

Any time a change occurs in your expected graduation date, **you must notify** your Area Scholarship Coordinator. You must submit documentation (signed by a school official) supporting the proposed change.

G. PROGRAM CHANGE

Changes from the Health Professions Preparatory Scholarship to the Health Professions Scholarship or from the Health Professions Scholarship to the Health Preparatory Scholarship will only occur at the end of the academic funding year. Changes cannot be made during the academic year. If you are funded as a Health Preparatory student and complete your preparatory courses after mid-year or any part of the year, and begin your health profession courses during mid-year or any part of the year, you will be funded for the entire year under the agreement for which you were awarded.

You must provide supportive documentation when requesting a change from Health Professions Preparatory Scholarship to a Health Professions Scholarship (letter of acceptance for your chosen health professional program) or from Health Professions Scholarship to a Health Professions Preparatory Scholarship (verification that you are enrolled in preparatory courses and a copy of your proposed curriculum).



SECTION G

**TUTORIAL ASSISTANCE OR
SUMMER SCHOOL REQUEST**



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

TUTORIAL ASSISTANCE OR SUMMER SCHOOL REQUEST

The IHS wants to assist you in getting the maximum benefit from your education and this scholarship. The following services are available to all recipients.

I. TUTORIAL ASSISTANCE

If you have difficulty with one or more courses, you may participate in special classes or arrange for tutorial assistance to correct the difficulty and to improve your academic performance.

To request tutorial assistance, submit a completed copy of the **Request for Tutorial Assistance, Form G-02**. Your school advisor must sign this form. Send this to the IHS Scholarship Office, Attention: Scholarship Application/Award Analyst.

You are encouraged to use tutorial services to improve your grades even if they are satisfactory and/or to address weaknesses such as in English or Math which may affect your overall academic performance.

The Scholarship Program will pay up to \$400 for tutorial assistance to full-time students, and up to \$200 for part-time students who have been in school for the academic year (August 1 through July 31). The funds are paid directly to the students on a reimbursed basis as part of the monthly stipend check upon approval of the tutorial request. **The student is responsible for paying the tutor.**

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

G-02 (Rev. 12/01)**REQUEST FOR TUTORIAL ASSISTANCE**

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004
*See Estimated Average Burden Time
per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**INDICATE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time*I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):*

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

SPECIFIC DESCRIPTION OF PROBLEMS: _____

DESCRIBE TUTOR ASSISTANCE NEEDED: _____

TUTORIAL REQUEST					
NAME(S) OF TUTOR(S)			TUTOR(S) QUALIFICATION(S)		
_____			_____		
_____			_____		
_____			_____		
NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST	NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		TOTAL COST:			

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
DATE REVIEWED (IHS use only)	

G-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

G-02 (Rev. 12/01)**REQUEST FOR TUTORIAL ASSISTANCE**

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004
*See Estimated Average Burden Time
per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**INDICATE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time*I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):*

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

SPECIFIC DESCRIPTION OF PROBLEMS: _____

DESCRIBE TUTOR ASSISTANCE NEEDED: _____

TUTORIAL REQUEST					
NAME(S) OF TUTOR(S)			TUTOR(S) QUALIFICATION(S)		
NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST	NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		TOTAL COST:			

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
DATE REVIEWED (IHS use only)	

G-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

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PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

G-02 (Rev. 12/01)**REQUEST FOR TUTORIAL ASSISTANCE**

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004
*See Estimated Average Burden Time
per Response on Reverse Side*

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**INDICATE ONE:** Semester Quarter**CIRCLE ONE:** Full-time Part-time*I AM REQUESTING TUTORIAL ASSISTANCE IN THE FOLLOWING COURSE(S):*

COURSE NUMBER	TITLE	HOURS
_____	_____	_____
_____	_____	_____

SPECIFIC DESCRIPTION OF PROBLEMS: _____

DESCRIBE TUTOR ASSISTANCE NEEDED: _____

TUTORIAL REQUEST					
NAME(S) OF TUTOR(S)			TUTOR(S) QUALIFICATION(S)		
NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST	NUMBER OF HRS.	RATE PER HOUR	SUBTOTAL COST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		TOTAL COST:			

STUDENT'S SIGNATURE	DATE
ADVISOR'S SIGNATURE	DATE
ADVISOR'S ADDRESS	ADVISOR'S TELEPHONE NO.
DATE REVIEWED (IHS use only)	

G-02 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.

TUTORIAL ASSISTANCE OR SUMMER SCHOOL REQUEST

II. SUMMER SCHOOL

Students may need to take summer courses to graduate or complete course requirements necessary for graduation within the four year maximum time period for full-time students (eight year maximum time for part-time students) or for earlier acceptance into a health professions program.

A **Summer School Request** must be received in the IHS Scholarship Office by April 22nd of the academic year to be able to attend that summer. If this date falls on a weekend or a holiday, it is due the next workday.

The **Summer School Request, Form G-04**, must be completed and signed by your school advisor who is to provide documentation substantiating the need for the courses you have listed. Documentation may be a curriculum listing for your program or a statement from your advisor. **Your academic program must require these Courses.** Summer School can also be used to make up failed, required courses for which IHS will pay fees and tuition. Summer School is not approved for optional courses not related to your academic program.

Summer School costs are paid only if you have received prior approval from the Branch Chief. The Scholarship Program will pay up to \$700 for full-time students or \$350 for part-time students for tuition and fees as billed by your school. The student must pay costs over these amounts. There are no additional funds available for books or other miscellaneous expenses.

Stipends will be extended into June and July for students in the Health Preparatory and Pre-graduate programs who are approved for summer school. Health Professions students already receive their stipends for 12 months, August to July.

Transcripts for Summer School are due as soon as they are available at the end of the semester term. Please ensure these are ordered.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

G-04 (Rev. 12/01)**SUMMER SCHOOL REQUEST**

FORM APPROVED:

OMB Approval No. 0917-0006

Exp. Date: 12/31/2004

See Estimated Average Burden Time
per Response on Reverse Side

NAME OF RECIPIENT	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION
TYPE OF PROGRAM <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-graduate <input type="checkbox"/> Health Professions	

CIRCLE ONE: Fall Winter Spring Summer**CIRCLE ONE:** Full-time Part-time

CLEARLY AND SPECIFICALLY DEFINE THE PURPOSE OF YOUR REQUEST FOR APPROVAL TO ATTEND SUMMER SCHOOL: _____

PROPOSED SESSION(S) AND COURSE(S)**SUMMER SESSION I DATES:**

FROM _____ TO _____

COURSE NUMBER

TITLE

HOURS

_____	_____	_____
_____	_____	_____
_____	_____	_____

SUMMER SESSION II DATES:

FROM _____ TO _____

COURSE NUMBER

TITLE

HOURS

_____	_____	_____
_____	_____	_____
_____	_____	_____

*YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.***FUNDING REQUESTED:**

SUMMER SESSION I

SUMMER SESSION II

SUMMER SESSION III

TUITION

FEES

TOTAL

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S SIGNATURE

DATE

ADVISOR'S SIGNATURE

DATE

SCHOLARSHIP COORDINATOR'S SIGNATURE

DATE

Please return the completed G-04 form to IHSSP,
801 Thompson Avenue Suite 120, Rockville, MD 20852.

DATE REVIEWED (IHS use only)

G-04 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.



SECTION H

BREACH AND DEFAULT /

MONITORING AND PLACEMENT

HEALTH PROFESSIONS

SCHOLARSHIP PROGRAM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

BREACH AND DEFAULT / MONITORING AND PLACEMENT
HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

I. DEFAULTING AND BREACH OF CONTRACT**A. FAILURE TO COMPLETE ACADEMIC TRAINING**

Participants who are dismissed from school for academic or disciplinary reasons, or who voluntarily terminate academic training before graduation from the educational program for which the scholarship was awarded will be liable to the United States for repayment of all Scholarship Program funds paid to them and to the school on their behalf. Payment must be made within 3 years from the date of breach or such longer period as specified by the Secretary. No interest will be charged on any part of this indebtedness to the United States within the 3-year period.

B. FAILURE TO BEGIN OR COMPLETE THE SERVICE OBLIGATION OR MEET THE TERMS AND CONDITIONS OF DEFERMENT

Participants breach their scholarship contracts by failing to begin or complete their service obligation for any reason other than failure to complete academic training, or by failing to comply with the terms and conditions of deferment. In these cases, participants are liable to repay three times the amount of all scholarship funds paid to them and to the school on their behalf, plus interest, as determined by the formula:

$$A=3(z)[(t-s)/t]$$

In which:

‘A’ is the amount the United States is entitled to recover, ‘z’ is the sum of the amounts paid to or on behalf of the applicant and the interest on such amounts that would be payable, if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States, ‘t’ is the total number of months in the applicant’s period of obligated service, and ‘s’ is the number of months of the period of obligated service served by the participant.

The amount which the United States is entitled to recover shall be paid within 1 year of the date on which the applicant failed to begin or complete the period of obligated service, or failed to meet the terms and conditions of deferment, or a longer period beginning on a date specified by the Secretary of Health and Human Services (HHS).

INDIAN HEALTH SCHOLARSHIP PROGRAM CONTRACT
SCHOOL YEAR 2002-2003
HEALTH PROFESSIONS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

PUBLIC LAW 94-37
STUDENT HANDBOOK

Page H-03

II. INDIAN HEALTH
SCHOLARSHIP
PROGRAM
CONTRACT

Sample Form
IHS-818

Section 104 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Indian Health Service Scholarship Program ("Scholarship Program") with scholarship awards as established under Section 338A. In return for awards, applicants must agree to provide health services in a manner determined by the Secretary for a period of obligated service equal to one year for each year of scholarship award received, or two years, whichever is greater. Section 338A requires applicants to submit with their applications a signed contract stating the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those contracts submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2002-2003 school year are set forth below.

Section A -- Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the Indian Health Service ("IHS"), the Secretary agrees to:

1. Provide the undersigned applicant ("applicant") with a scholarship award for the school year 2002-2003 during which the applicant:
 - a. is enrolled, or is accepted for enrollment in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa; and
 - b. is pursuing a course of study leading to a degree in medicine, osteopathy, dentistry, or other health profession which has been approved by the Secretary for participation in the Scholarship Program.

The scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the 12-month period beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.

2. Utilize the applicant to provide health services in accordance with Section B(4) of this contract.
3. Defer performance of an applicant's period of obligated service if the applicant: (1) receives a degree from a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry or pharmacy, and (2) requests a deferment of this period to complete internship, residency or other advanced clinical training. The period of deferment may not exceed: (1) three years for applicants receiving a degree from schools of medicine, osteopathy or dentistry, or (2) one year for applicants receiving a degree from schools of veterinary medicine, optometry, podiatry or pharmacy. The Secretary may, however, extend this period of deferment if the Secretary determines that the extension is consistent with the needs of the IHS.
4. Release the Applicant from all or part of his or her service obligation to enter into the full-time private practice of the applicant's health profession where the provisions of Section 338C of the Public Health Service Act, 42 U.S.C. 254n and applicable IHS policies are met. The release is applicable to service obligations incurred under either or both the: (1) Public Health and Indian Health Scholarship Training Program (Section 225 of the Public Health Service Act as in effect on September 30, 1977), and (2) the Indian Health Scholarship Program (Section 751 of the Public Health Service Act as in effect on August 12, 1981, prior to its amendment and redesignation as Section 338A of the Public Health Service Act.).

Section B -- Obligations of the Applicant

The applicant agrees to:

1. Accept the scholarship award provided by the Secretary under Section A(1) of this contract for the school year 2002-2003.
2. Maintain full-time or part-time enrollment as determined by the Secretary until completion of the course of study for which the scholarship award is provided.
3. Maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.
4. Serve his or her period of obligated service by providing health services, as determined by the Secretary, in the Indian Health Service:
 - a. In the full-time practice of his or her health profession as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, a civilian employee of the United States, or an individual who is not an employee of the United States, providing service in the Indian Health Service, in a program conducted under a contract entered under the Indian Self Determination Act, in a program assisted under Title V of the Indian Health Care Improvement Act, such practice is situated in a physician or other health professional shortage area, designated under Section 332, and addresses the health care needs of a substantial number of Indians; except that scholarship recipients may at their election serve in one of the above programs that is located on the reservation of the tribe in which the recipient is enrolled; or serves the tribe in which the recipient is enrolled; or
 - b. In the full-time private clinical practice of his or her health profession under a Private Practice option agreement (Section 338C of the Act) in a Health Manpower Shortage Area for which designation under Section 332 of the Act has been validated by the Secretary with the applicant's understanding that the full-time private clinical practice option is subject to IHS primary responsibility to fill vacancies within IHS and, in particular, IHS priority sites. Only after IHS vacancies are filled will the applicant receive consideration for the other placement options.
5. Serve one year of obligated service for each year the scholarship award is provided, or two years, whichever is greater.
6. Apply for and undertake placement in accord with established placement policies and procedures.
7. Comply with provisions of Title 42, Code of Federal Regulations.

8. The applicant accepts the right of the Director, IHS to make final decisions regarding assignment of scholarship recipients to fulfill their payback obligation.

Section C -- Breach of Scholarship Contract

If the applicant:

1. Fails to maintain an acceptable level of academic standing in the course of study for which the scholarship award is provided, or voluntarily terminates academic training, or is dismissed from the educational institution for disciplinary reasons, the applicant shall, instead of performing the service obligation incurred under this contract, repay to the United States all funds paid to the applicant and to the educational institution under this contract. Payment of this amount must be made within 3 years of the date the participant becomes liable to make payment under this paragraph. Obligor who fail to complete their academic training or course of study for which the scholarship is provided, for the reasons described herein, may not substitute another academic training or course of study in order to fulfill any obligation incurred under this agreement. However, obligors who obtain approval from the Director prior to breach of their scholarship contract, may change their academic training or course of study for which the scholarship is provided. The obligors newly approved training or course of study will substitute as the professional discipline in which the obligor serves his or her service obligation.
2. Fails to begin or complete the period of obligated service incurred under this contract for any reason other than those in paragraph 1 of this section, the United States shall be entitled to recover an amount equal to three times the scholarship funds awarded, plus interest, as determined by the formula

$$A = 3 \text{ } \frac{(t-s)}{t}$$

In which:

- 'A' is the amount the United States is entitled to recover,
'Ø' is the sum of amounts paid to or on behalf of the applicant and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States,
't' is the total number of months in the applicant's period of obligated service, and
's' is the number of months of such period served by the applicant in accordance with Section 338B of the Act or with a written agreement under Section 338C of the Act.

The amount the United States is entitled to recover shall be paid within one year of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service and may include all collection costs including any litigation costs.

Section D -- Creditability of Graduate Training Toward the Period of Obligated Service

1. No credit of time for internship, residency, or other advanced clinical training will be counted toward satisfying the period of obligated service incurred under this contract.

Section E -- Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this contract if:
 - a. compliance by the applicant with the terms and conditions of this contract is impossible or would involve extreme hardship, and
 - b. enforcement of such obligation would be unconscionable.

Section F -- Contract Extension

1. The applicant may annually request extension of this contract, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the IHS, the Secretary shall approve request for contract extension if:
 - a. the request does not extend the total period of scholarship award beyond four years, and
 - b. the applicant is otherwise eligible for continued participation in the Scholarship Program

Section G -- Documents Incorporated by Reference

The Indian Health Service Scholarship Program (IHSSP) Student Handbook and the IHSSP Applicant Information-Instruction Booklet are incorporated by reference into this agreement.

The Secretary or his/her authorized representative must sign this contract before it becomes effective.

Applicant Name (Please Print)	Applicant's Signature	Date
Secretary of Health and Human Services		Date

BREACH AND DEFAULT / MONITORING AND PLACEMENT

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

III. REQUIREMENTS OF HEALTH PROFESSIONS GRADUATE

Pursuant to regulations and to the Indian Health Scholarship Program Contract, Health Professions Scholarship recipients serve one year for each year of scholarship support, which they receive. The minimum period of service is two years. The IHS Discipline Representative and your Area Scholarship Coordinator will review assignment opportunities with each graduating student early in the final school year and will work with the student to confirm an assignment. **Although the ultimate responsibility for seeking a position is the Health Professions Scholarship recipient's, the IHSSP Staff and IHS Discipline Representatives (see B-06, B-09) are available to assist with and facilitate placement.**

Pursuant to the Indian Health Amendments of the 1992 (Public Law 102-573, Section (b)(3)(A)(i)-(iv)), the Health Professions Scholarship recipient's active duty service obligation shall be met in:

- (1) IHS;
- (2) A program conducted under a contract (or compact) entered into under the Indian Self-Determination Act (Public Law (P.L.) 93-638) facilities;
- (3) An urban program assisted under Title V of the Indian Health Care Improvement Act (P.L. 94-437); or
- (4) Private practice if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is in a designated (a) health professional shortage area serving health care needs of (b) a substantial number of Indians.

However, the Indian Health Amendments of 1992 also provide that, consistent with Section 104(b)(3)(A)(i)-(iv), the Health Professions Scholarship recipient may, at his/her election:

- (i) Serve in program located on the reservation of the tribe in which the Health Professions Scholarship recipient is enrolled; or
- (ii) Serves the tribe in which the recipient is enrolled.

According to the Indian Health Care Improvement Act and the Public Health Service Act, the active duty service obligation must be served in full-time (40 hours per week) clinical practice. You will have an opportunity to find placement to serve your active duty service obligation, consistent with the statutory mandates listed above. However, if there is a difficulty in placement, you may be assigned to an IHS geographic area where there is an existing need.

A. APPLICATION/PLACEMENT PROCESS

Graduating students may apply for employment through the Federal Civil Service or the Public Health Service Commissioned Corps.

BREACH AND DEFAULT / MONITORING AND PLACEMENT

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

Whether your application is submitted to the IHS Civil Service or Commissioned Corps, be sure to indicate clearly that you are a scholarship program graduate. This will assure that you receive priority consideration for jobs for which you qualify. Final transcripts must be sent to the Service Obligation Coordinator, before your service payback can be counted.

Civil Service:

If you opt for the Civil Service system within the IHS, you must submit the following forms and all other additional required forms (i.e., transcripts) to the vacancy announcement's IHS area personnel office by the deadline:

1. Standard Form 171 – Application for Federal Employment; Employment Optional Form 612-Optional Application for Federal Employment or a resume;
2. Verification of Indian Preference for Employment (BIA-4432).

All forms can be requested from any government office, except the Verification of Indian Preference for Employment (BIA-4432) that must be obtained from the Bureau of Indian Affairs.

Commissioned Corps of the USPHS:

If your health profession is any of the following, you may wish to apply for service through the Commissioned Corps: medical, dental, nursing (B.S.N.)(MSN), pharmacy, engineering, physical therapy, dietetics, sanitarian, or master's level health professional training. To receive information and an application, **contact:**

Recruitment/TAB/DCP
Parklawn Building, Room 4-35
5600 Fishers Lane
Rockville, MD 20857
Telephone: 1-800-279-1606

Once the Division of Commissioned Personnel verifies your application as complete, you must submit required forms to the IHS Area Personnel Office by the deadline date as indicated in the vacancy announcement.

For information regarding benefits in regards to salary, travel pay, health benefits, housing, etc., you must contact that particular IHS Area Personnel Office to which you are applying.

B. MONITORING OF THE PLACEMENT PROCESS

All graduating students must apply for current employment vacancies. The IHS Discipline Representatives and Area Scholarship Coordinators will assist you with job vacancies in your

BREACH AND DEFAULT / MONITORING AND PLACEMENT

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

field and with offering professional advice. The monitoring of the graduating student's progress towards placement involves the following:

1. At least one month before graduation, the graduating student must contact the IHSSP via a Notice of Impending Graduation, (See **Form H-08**);
2. At least one month after the student graduates, the graduating student is reminded by IHSSP Headquarters of his/her placement responsibilities and to send completed forms to their Area Scholarship Coordinator with a copy to: Discipline Representative, (See page **B-05** through **B-08**) and IHSSP Placement Officer (See page **B-10**). Forms to be completed are: Standard Form 171 – Application for Federal Employment; Health Profession Scholarship Program Service Obligation Preferred Assignment Form (ARF), (**Form K-04**) and; if applicable, a Verification of Indian Preference for Employment Form BIA-4432.

Note: Priority will be given to 437 graduating students. As such, please indicate on your documents that you are to receive such priority.

3. The graduating student should send a copy of all documents to each Area Scholarship Coordinator in those Areas that they are interested in working.
4. Follow-up with each respective Area Scholarship Coordinator and Discipline Representatives should be done **EACH** month by the graduating student regarding vacancies available and application status.
5. A Placement Update (see **Form H-07**) must be sent to the IHS Headquarters Placement Officer within 60 days and every 60 days thereafter. The graduate must attach documentation regarding attempts at securing employment (i.e., letter of application receipt, denial letters). This form may also be used to express any type of dissatisfaction, or problems encountered while seeking a position.
6. Once a position is secured, you must submit information regarding verification of employment.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM**PLACEMENT UPDATE****H-07** (Rev. 12/01)FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004*See Estimated Average Burden Time
per Response on Reverse Side*

SUBMITTED ON: _____ Date/Year

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - Suite 120
Rockville, Maryland 20852

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

Standard Form 171 - Application for Federal Employment or Commissioned Corps Application (PHS Form 50), Health Professions Scholarship Program Service Obligation Preferred Assignment Form (Form **K-04**) sent to IHSSP Placement Officer: _____

POSITIONS APPLIED FOR (Rejection Letters Attached):

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Signature (Do Not Print)*Please return the completed H-07
form to IHSSP, 801 Thompson
Avenue Suite 120, Rockville, MD
20852.*

H-07 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 11 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM
NOTICE OF IMPENDING GRADUATION

H-08 (Rev. 12/01)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004

*See Estimated Average Burden Time
per Response on Reverse Side*

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - Suite 120
Rockville, Maryland 20852

I will be graduating in _____ Month/Year

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

Intend to Defer (Medical Students ONLY): _____

Signature (*Do Not Print*)

Please return the completed H-08 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.

H-08 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 10 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.



SECTION I

CONTINUATION SUPPORT



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

CONTINUATION SUPPORT

I. HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP

A. LIMITATION OF SUPPORT

The Health Professions Preparatory Scholarship makes scholarship support available for up to two academic years (August through May) of compensatory or pre-professional education, which, upon completion, enables the student to qualify for enrollment or re-enrollment in a health professions school. Part-time students have up to four academic years. Only those students who continue to meet the scholarship eligibility requirements and are recommended for continuation will be given priority consideration for additional periods of scholarship support.

B. CONTINUED ELIGIBILITY

Recipients of Health Professions Preparatory Scholarship funding must apply annually for continuation beyond the initial funding period and must meet specific eligibility criteria for consideration.

The criteria are:

- 1) recipient must maintain good standing at the educational institution they attend in the health/allied health pre-professions curriculum and
- 2) must be enrolled for the next semester/quarter in a minimum of 12 credit hours or whatever number of credit hours the school considers full-time, or at least 6 credit hours per semester/quarter for part-time, as well as continuing to meet all the requirements listed in this student handbook.

Note: Repeat course work that was paid by the IHSSP cannot be included in full-time or part-time load status.

II. HEALTH PROFESSIONS PRE-GRADUATE SCHOLARSHIP

A. LIMITATION OF SUPPORT

For full-time students, this program makes scholarship support available for up to four academic years (August through May) of pre-graduate education, which, upon completion, enables the student to qualify for enrollment in a medical or dental school. Part-time students have up to eight academic years. Only those students who meet the continued eligibility requirements and have been reviewed and recommended for continuation will be given priority consideration for additional periods of support.

CONTINUATION SUPPORT

B. CONTINUED ELIGIBILITY

Recipients of the Health Professions Pre-graduate Scholarship must apply annually for continuation beyond the initial funding period and must meet specific eligibility criteria for consideration.

The criteria are:

- 1) Recipient must maintain good standing at the educational institution they attend in the pre-medical/pre-dental program, and
- 2) Must be enrolled for the next semester/quarter in a minimum of 12 credit hours or whatever number of credit hours the school considers full-time, or at least 6 credit hours for part-time as well as continuing to meet all of the requirements listed in this student handbook.

Note: Repeat course work that was paid by the IHSSP cannot be included in full-time load status.

III. HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

A. LIMITATION OF SUPPORT

Scholarship support of the Health Professions Scholarship recipients is available for up to four years of health professional education. For part-time recipients support is for up to eight years. Each scholarship is awarded for a one-year period with re-application for each continuation year.

Those students who meet specific continued eligibility requirements and have been reviewed and recommended for continuation will be given priority consideration for additional periods of support.

B. CONTINUED ELIGIBILITY

A full-time recipient of a Health Professions Scholarship must continue to meet the following eligibility requirements:

- 1) Maintain an overall 2.0 grade point average in the chosen health/allied health professions curriculum, and
- 2) Be enrolled in a minimum of 12 credit hours for the next semester/quarter or the number of credit hours considered full-time by the educational institution he/she is attending as well as continuing to meet all the requirements listed in this student handbook. A part-time recipient must also maintain an overall 2.0 grade point average and must be enrolled in at least 6 credit hours for the next semester/quarter

CONTINUATION SUPPORT

Note: Repeat course work that was previously paid for by the IHSSP will not be credited towards a student's full-time status.



SECTION J

EXTERN PROGRAM

HEALTH PROFESSIONS

SCHOLARSHIP PROGRAM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

EXTERN PROGRAM

I. INTRODUCTION

A major annual activity of the Indian Health Service Scholarship Program is the recruitment and placement process of the Indian Health Service Scholarship Extern Program.

Individuals receiving an Indian Health Service Scholarship and other health professionals may be employed as an IHS extern for up to 120 workdays per calendar year. Health Professions (Section 104) Scholarship recipients are entitled to an externship. Extern assignments are available during non-academic periods. Students are assigned to an IHS health care delivery system where they participate in a full range of activities in their respective health disciplines. This opportunity to apply the knowledge and skill they are developing in school will provide valuable practical experience that will be useful once they graduate.

II. ELIGIBILITY

Individuals receiving a Public Law 94-437, as amended, Health Professions Scholarship are entitled to employment by the IHS during any **non-academic** period in accordance with the provisions of Section 105 of the Indian Health Care Improvement Act. Students who are completing a rotation, whether clinical or on-the-job experience, that is part of a course requirement **are not** eligible.

A. CIVIL SERVICE

Students who apply for a Civil Service externship must meet the following requirements:

1. Undergraduate students must have at least a 2.0 grade point average; graduate students must have at least a 3.0 grade point average.
2. Students must not be on probation or discontinued from the scholarship program for any reason.

B. COMMISSION CORPS SERVICE

Students may also apply to the Commissioned Officer Student Training and Externship Program (COSTEP), by contacting:

Junior COSTEP
Recruitment/TAB/DCP
5600 Fishers Lane – Room 4-35
Rockville, MD 20857
Telephone: 1-800-279-1605

Deadlines for COSTEP applications are:

- December 31st for positions during May 1st through August 31st
- May 1st for positions during September 1st through December 31st
- October 1st for positions during January 1st through April 30th

EXTERN PROGRAM

III. APPLICATION

Students seeking an externship (either through Civil Service or COSTEP), must submit to the IHS Area Coordinator in the IHS Area Office in which they are seeking placement, the following documents:

1. SF-171 Application for Employment or a resume or an Application for Federal Employment OF-612.
2. An Extern Site Preference Request (**Form J-04**)
3. Inclusive college transcripts.
4. Request for Extern Travel Reimbursement. (**Form J-05**)
5. All applicants to positions located at an IHS facility shall provide documentation of immunity to Measles and Rubella prior to or at the time of their entrance on duty. Employees subject to this policy who are not immune to Rubella and Measles and refuse the recommended Vaccine(s) are subject to be reassigned or removed from the service.
6. Students may be asked to furnish proof they are in possession of the following: social security card (number), driver's license, Certificate of Indian Blood and employment eligibility verification BIA Form 4432.
7. Student must provide documentation that they are returning to school in the Fall.

IV. APPLICATION DUE DATE

Completed, signed, and dated applications must be received by the Area Coordinator's office before close of business on the first Friday on the month of February.

V. BENEFITS

A. SALARY

Externs may receive a salary for service that is comparable to the salary they would receive if they were employed in the competitive service.

If the student uses the externship to fulfill a required field placement, or an Internship requirement under a health profession education program, the IHS will pay the school tuition and fees, and the student will not receive an externship salary.

EXTERN PROGRAM

Note: The salary is based on the student's experience and the number of completed semester hours in their academic program according to Personnel Standards, rules, and regulations. The ratings listed below are proposed grade levels based on the number of credit hours completed. The personnel office responsible for the extern position will determine your grade level.

- GS-3 - 30 semester hours/45 quarter hours
- GS-4 - 60 semester hours/90 quarter hours
- GS-5 - Bachelors Degree (120 semester hours/180 quarter hours)
- GS-7 - 1st year of Graduate School (18 semester hours of graduate education, 27 quarter hours of graduate selection)
- GS-9 - Master's or equivalent graduate degree or 2 full years of progressively higher graduate education leading to such a degree of LL.B. or J.D., if related
- GS-11 - Ph.D. or equivalent doctoral degree or 3 full years of progressively higher-level graduate education leading to such a degree of LL.M., if related

B. TRAVEL

1. Extern may request travel reimbursement for one round trip to the extern site. The request for Extern Travel Reimbursement (**Form J-05**) must be completed and submitted **Prior** to travel.
2. Travel reimbursements are authorized based on Travel and Transportation allowance under the Federal Regulations.
3. If an advance for travel is required, you may work directly through (1) your coordinator and (2) the Area Office, Service Unit or health clinic where you are assigned.
4. **DO NOT, UNDER ANY CIRCUMSTANCES, TRAVEL WITHOUT AUTHORIZED TRAVEL ORDERS.**

VI. HOUSING

The student is responsible for finding their own housing, however, information on housing may be available for the Area Coordinator, Discipline Representative and/or Extern Preceptor. A minimal allowance can be made for transportation of goods, but requires authorization on your travel orders.

PLEASE STAY IN TOUCH WITH YOUR AREA SCHOLARSHIP COORDINATOR AND EXTERN PRECEPTOR TO VERIFY ALL YOUR ARRANGEMENTS BEFORE TRAVELING TO THE EXTERN SITE.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

J-04 (Rev. 12/01)**EXTERN SITE PREFERENCE REQUEST**

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004
*See Estimated Average Burden Time
per Response on Reverse Side*

I am applying to: ☐ Civil Service ☐ COSTEP Program

APPLICANT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER		

HEALTH PROFESSION CURRENTLY ENROLLED IN: _____

PROJECTED GRADUATION DATE: _____ CURRENT GPA: _____

NAME OF UNIVERSITY: _____

DO YOU PLAN TO CHANGE YOUR MAJOR OR SCHOOL? EXPLAIN: _____

DATES AVAILABLE FOR EXTERN ASSIGNMENT: From _____ To _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: _____

EXTERNSHIP SITE PREFERENCE

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERNSHIP:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aberdeen, SD | <input type="checkbox"/> I.H.S. Headquarters
(Rockville, MD) | <input type="checkbox"/> Phoenix, AZ |
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Portland, OR |
| <input type="checkbox"/> Anchorage, AK | <input type="checkbox"/> Navajo, AZ | <input type="checkbox"/> Sacramento, CA |
| <input type="checkbox"/> Bemidji, MN | <input type="checkbox"/> Okla City, OK | <input type="checkbox"/> Tucson, AZ |
| <input type="checkbox"/> Billings, MT | | |

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC FOR EXTERNSHIP:

- | | |
|-----------|-----------|
| (1) _____ | (2) _____ |
| (3) _____ | (4) _____ |

COMMENTS: _____

Extern Applicant's Signature

Date

*Please return the completed J-04
form to IHSSP, 801 Thompson
Avenue Suite 120, Rockville, MD
20852.*

J-04 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

J-05 (Rev. 12/01)**REQUEST FOR EXTERN TRAVEL REIMBURSEMENT**

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004
*See Estimated Average Burden Time
per Response on Reverse Side*

Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.

EXTERN APPLICANT'S NAME	HEALTH DISCIPLINE
SOCIAL SECURITY NUMBER	NAME OF EDUCATIONAL INSTITUTION

BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL

PURPOSE OF TRAVEL: _____

DATES OF TRAVEL: _____

LOCATION OF TRAVEL: From _____
To _____

NUMBER OF AUTO MILES: _____

NUMBER OF DAYS: _____

COACH AIR FARE: _____

COMMENTS: _____

EXTERN APPLICANT'S SIGNATURE	DATE
EXTERN'S SUPERVISOR or BRANCH CHIEF SIGNATURE	DATE

Please return the completed J-05 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.

J-05 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.



SECTION K

SERVICE PAYBACK OBLIGATION

HEALTH PROFESSIONS

SCHOLARSHIP PROGRAM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

SERVICE PAYBACK OBLIGATION

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

I. SERVICE PAYBACK OBLIGATION HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

All of the Indian Health Care Improvement Act, Public Law (P.L.) 94-437 Indian Health Service (IHS) Health Professions scholarship recipients agreed to serve with the IHS one year for each year of funding received, with a minimum service obligation of two years.

Section 104 of the Indian Health Care Improvement Act, and its amendments, provide that the active duty service obligation... "shall be met by a recipient of an Indian Health Service Scholarship by service":

- (a) In the Indian Health Service;
- (b) In a program conducted under contract (or compact) entered into under the Indian Self Determination Act (P.L. 93-638);
- (c) In a program assisted under Title V of the Indian Health Care Improvement Act (P.L. 94-437);
or
- (d) In the private practice of the applicable profession if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a health professional shortage area and addresses the health care needs of a substantial number (25%) of Indians.

Law and regulations require that **YOU SERVE FULL TIME (40 hour/week)** in the clinical practice of the health profession for which you were funded. If you changed your discipline, documentation that the IHS Scholarship Branch (IHSSB) approved your change while in school must be in your official scholarship file. If prior approval was not granted by the IHSSB, you must serve your obligation in the discipline for which you were funded.

II. BEFORE ANY SCHOLARSHIP RECIPIENT RECEIVES CREDIT TOWARD THEIR SERVICE OBLIGATION, THE IHSSB REQUIRES THE FOLLOWING DOCUMENTATION:

- A copy of your civil Service Personnel Action Form (SF-50) reflecting your entrance on duty date and any copies of SF-50; if you should transfer during your payback status; or
- A copy of your Commissioned Corps Personnel Orders calling you to duty and copies of Personnel order transfer papers if you should transfer during your payback status; and
- A copy of your Diploma or Official Final Transcript stating degree conferred: and
- If applicable, a copy of your License/Certificate (for those disciplines who need one to work)

SERVICE PAYBACK OBLIGATION
HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

The appropriate documentation is required 90 days from the date of graduation. See Section H for details for placement.

If the IHSSB does not receive the information required, we will assume that you did not graduate and are not paying back your service obligation. Failure to submit the information may result in the initiation of debt collection action.

Additionally, you must submit an Annual Status Report, **Form K-03**. This is required to monitor your pay back obligation activity, so that credit can be given to your obligation.

If you have any questions regarding these directions, you may contact the IHSSP Office in Rockville, Maryland.

All documents must be submitted to:

Indian Health Service Scholarship Program
801 Thompson Avenue Suite 120
Rockville, MD 20852

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM**ANNUAL STATUS REPORT****K-03** (Rev. 12/01)FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004See Estimated Average Burden Time
per Response on Reverse Side

APPLICANT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER		SOCIAL SECURITY NUMBER

HEALTH PROFESSION DISCIPLINE: _____

GRADUATION DATE: _____

TYPE OF DEGREE CONFERRED: _____

NAME OF UNIVERSITY: _____

ASSIGNMENT LOCATION:☐ INDIAN HEALTH SERVICE☐ URBAN INDIAN HEALTH PROGRAM☐ PRIVATE PRACTICE☐ 638 COMPACT OR CONTRACT

NAME OF FACILITY		
STREET ADDRESS		
CITY	STATE	ZIP CODE

MY CURRENT POSITION TITLE: _____

(ATTACH TO THIS REPORT A COPY OF YOUR PERSONNEL ORDERS OR SF-50 AND A COPY OF YOUR CURRENT POSITION DESCRIPTION.)

NON-IHS EMPLOYEES MUST ATTACH A SUMMARY WHICH IDENTIFIES THE PURPOSE, MISSION OR NATURE OF THE EMPLOYING ORGANIZATION AND THE POPULATION SERVED BY THE ORGANIZATION.

COMMENTS: _____

SCHOLARSHIP RECIPIENT'S SIGNATURE	DATE
IMMEDIATE SUPERVISOR'S SIGNATURE	DATE
SUPERVISOR'S TITLE	SUPERVISOR'S TELEPHONE NUMBER

Please return the completed K-03 form to IHSSP, 801 Thompson Avenue Suite 120, Rockville, MD 20852.

K-03 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 15 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM**PREFERRED ASSIGNMENT****K-04** (Rev. 12/01)

FORM APPROVED:
 OMB Approval No. 0917-0006
 Exp. Date: 12/31/2004
 See Estimated Average Burden Time
 per Response on Reverse Side

APPLICANT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER		SOCIAL SECURITY NUMBER

BACKGROUND

HEALTH PROFESSION DISCIPLINE: _____

GRADUATION DATE: _____

TYPE OF DEGREE CONFERRED: _____

NAME OF UNIVERSITY: _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF WORK ASSIGNMENT YOU DESIRE TO COMPLETE YOUR SERVICE OBLIGATION: _____

MY SERVICE OBLIGATION PERIOD CONSISTS OF (CIRCLE ONE): 1 2 3 4 years.

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERNSHIP:

<input type="checkbox"/> Aberdeen, SD	<input type="checkbox"/> I.H.S. Headquarters	<input type="checkbox"/> Phoenix, AZ
<input type="checkbox"/> Albuquerque, NM	(Rockville, MD)	<input type="checkbox"/> Portland, OR
<input type="checkbox"/> Anchorage, AK	<input type="checkbox"/> Nashville, TN	<input type="checkbox"/> Sacramento, CA
<input type="checkbox"/> Bemidji, MN	<input type="checkbox"/> Navajo, AZ	<input type="checkbox"/> Tucson, AZ
<input type="checkbox"/> Billings, MT	<input type="checkbox"/> Okla City, OK	

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC TO COMPLETE YOUR SERVICE OBLIGATION:

(1) _____	(4) _____
(2) _____	(5) _____
(3) _____	(6) _____

I understand that IHS officials negotiate the assignment; however, the Director, IHS has the right to make the final decision regarding my Health Professions Section 104 Service Obligation assignment.

Applicant's Signature_____
Date

Please return the completed K-04
 form to IHSSP, 801 Thompson
 Avenue Suite 120, Rockville, MD
 20852.

K-04 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 45 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.



SECTION L

DEFERMENTS

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

DEFERMENTS

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

I. DEFERMENTS FOR POST GRADUATE TRAINING

Initial approval of your postgraduate plan is contingent upon full compliance with all policies and procedures applicable to the deferment of all upcoming graduates. As an IHS scholarship obligated graduate, it is your responsibility to familiarize yourself and comply with the information bulletin and instruction you will receive in the spring. Failure to do so may result in non-approval of your deferment request.

- A. Definitions:** Deferment of the service obligation is intended to permit scholarship recipients to complete approved graduate clinical training programs, i.e., those programs of graduate clinical training which fulfill the requirements for board certification and have been approved by the appropriate certifying boards, as determined by the Secretary, Department of Health and Human Services. Training which fulfills the requirements for board certification is considered by the Scholarship Branch to be the graduate clinical training and years of practice required by the appropriate American specialty board for the candidate to be board certified.
- B. Eligibility:** To be eligible to serve with the IHS as an allopathic or osteopathic physician, graduates must complete at least 1 year in an approved graduate clinical training program. Completion of postgraduate training is a critical factor in identification of the practice in which the scholarship obligation is to be fulfilled. Scholarship recipients who elect to serve after only 1 year of graduate clinical training will compete with board eligible practitioners for a limited number of vacancies and may experience difficulty in identifying assignments in which to serve. Therefore, in order to become fully qualified practitioners, graduates are encouraged to complete training in an approved specialty.

II. SPECIALTIES AND APPROVAL

All Medical School Graduates will receive a letter from the health professions team leader indicating what type of specialty you may go into for your postgraduate training residency. The specialties will be based according to the needs of the Indian Health Service (IHS).

- A. Prior Approval:** Initial approval of your post-graduate training plan is contingent upon full compliance with all policies and procedures applicable to the deferment of all graduates and your requesting to enter a specialty needed by the IHS. The IHSSB requires that you submit a request for residency training before beginning a residency by request for prior approval or deferment. **(Form L-03)**

If you do not submit this request, your residency **will not be approved** and you may be placed in default.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

L-03 (Rev. 12/01)

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2004

*See Estimated Average Burden Time
per Response on Reverse Side*

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

REQUEST FOR PRIOR APPROVAL OF DEFERMENT

This document represents a prior request from you for the deferment of your service obligation incurred under Section 338-A of the Public Health Service Act.

Name: _____

Address: _____

Daytime Telephone Number: _____

Social Security Number: _____

Postgraduate Clinical Program: _____

Program Director's Name and Clinic Address: _____

Length of Program: _____

Date available for Service: _____

Name, address, and telephone number (other than your own) of a person through whom you may always be reached:

Recipient's Signature

Date

L-03 (Rev. 12/01)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHSSP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, RE: PRA 0917-0006.

DEFERMENTS

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

B. Specialties: The following is a list of specialties that are currently in demand throughout the IHS.

1. Family Medicine;
2. Obstetrics and Gynecology;
3. Internal Medicine;
4. Pediatrics;
5. Emergency Medicine;
6. General Surgery;
7. Psychiatry.

Also, you cannot transfer to another residency without prior approval from the IHSSB.

Those who are unsuccessful in obtaining an internship or residency must notify the IHS immediately and will be expected to begin obligated service upon completion of their first year of training. They will be assigned according to the needs of the IHS if notification is received after September 1.

The IHS physicians have found that they are significantly less competitive in locating sites in target IHS Areas if they are not board eligible/certified.

The IHS Areas are preferentially seeking fully trained and qualified individuals who have a higher probability of remaining after completion of their service obligation, rather than leaving to pursue further graduate training.

C. Approved Deferments: Approval of deferment of the service obligation for all graduates will be based on the return of the Deferment Request Form. New graduates as well as deferrers who intend to continue in deferment status during the cycle must submit these forms. **This form must be submitted annually until you have completed your residency. If you fail to return the form, you will be placed in default.**

All IHS Scholarship Recipients who wish to defer their service obligation for the period from July 1 through June 30 must complete, sign, and return the **Request for Prior Approval of Deferment (Form L-03)** by May 31. The deferment request packet will be mailed to you in March of the year you are graduating.

DEFERMENTS

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

D. After Deferment Approval: After you deferment is approved, your deferment will continue if you comply with these conditions:

1. Pursue only the training as described, in an accredited program approved by the IHSSP, for deferment that does not incur a conflicting service obligation.
2. Submit documentation of your training status in an approved program each year of deferment.
3. Make no changes in the period, place of training or type of training without prior approval from the IHSSB;
4. Notify the Scholarship Branch in writing within 30 days of any change of address, intent to terminate training, intent to take a break in training, or similar change;
5. Notify the Scholarship Branch in writing if you did not pass PGY I level of training and did not go in the PGY II level, a letter should also come from your program director.
6. Return the deferment request by the deadline date of May 31.
7. Physicians who elect to begin their obligated service before completing their second, third, or fourth year of training in an approved specialty must notify the IHSSB upon making the decision.

If you do not comply with all the above, you will be in default of your scholarship contract. The IHSSB has adopted the above procedures because of problems with deferments during the previous years.

Please Note: All deferment deadline dates and policies will be strictly enforced.

If you need additional information regarding deferment of your service obligation or if you need assistance with your training plans as they relate to your scholarship, please write to the Compliance Coordinator, IHSSB at the address below:

IHS Scholarship Program
801 Thompson Avenue, Suite 120
Rockville, MD 20852
Telephone: (301) 443-6197